

The Public Health Nurse

Volume XXI

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SPECIAL NUMBER FOR SCHOOL NURSES

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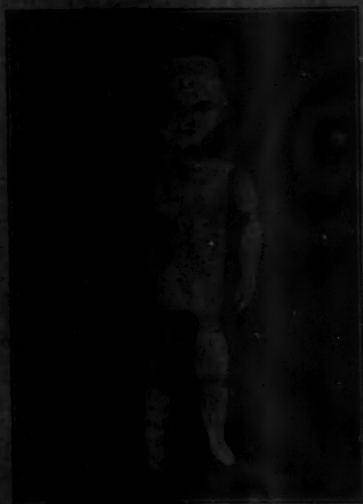
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The PUBLIC HEALTH NURSE

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Volume XXI

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THE SAYVILLE CONFERENCE

The Health Education Conferences arranged by the American Child Health Association have played an important part in the development of our School Health Programs. The Fifth Conference held this June at Sayville, Long Island, was a notable success and of special interest to school nurses viewed in relation to preceding conferences.

The first Conference at Lake Mohonk in 1922 was chiefly concerned with the problem of preparing teachers to teach health. The San Francisco meeting was international in scope and resulted in the formation of a health section in the World Federation of Education Associations. From the Cambridge conference came guiding principles for the gradation of subject matter for health teaching and the development of teaching methods. The Fourth Conference held in Chicago in 1925 brought out the need of study and research and of scientific procedure in the school health field. It has helped to guide the efforts of individuals and of The American Child Health Association in conducting its School Health

Study. This year's conference emphasized the contribution each worker in the school health field can make to the health education of the child, the essential part which coöperation of the home plays; and the need of having each phase of the work, whether it be health service, health teaching or the activity program in harmony with sound educational principles and objectives.

One hundred and fifty people—representative of the different groups within the school contributing to the school health program and from different sections of the country—attended the Conference. The diversity of their experience added much to the value of the discussions.

The Conference was divided into three Sections, elementary school, secondary school and teacher training, each section was in charge of a pre-arranged committee representative of the different groups contributing to the program, with an advisory committee at large composed in the same way.

Miss Helen M. Howell of Wheeling, West Virginia, represented School Nursing on the Elementary Commit-

tee, Miss Mary Chayer of Des Moines, the Secondary School, and Miss Elma Rood of George Peabody College, the Teacher Training Committee.

The full report of the Conference will not be available until about the first of the year. We quote from abstracts some of the criteria included in the Summary of the Elementary Section:

Do the health activities and materials conform to scientific knowledge and procedures?

Do the health activities and materials provide for differences and needs of individuals and groups?

Are the health activities and materials so related to life situations as to be significant?

Do the health activities and materials lead into further constructive activities or materials and into wider interests and understandings?

Are spontaneous and self-elective motives developed and guided to realization within the social group?

The conclusions of the secondary group included the following:

Health service and health instruction, including the cumulative health record, should be consecutive and continuous throughout the entire span of school life. In the organization of the health program in secondary schools, provision should be made for every boy and girl to receive health instruction.

The functions of a school health service are: to determine the physical status of pupils; to establish pupil attitudes favorable to medical examinations; to refer children, when necessary, to private physicians; to advise school authorities regarding individual children, and school policies; and to provide adequate nursing service.

The Teacher Training Section confined its discussion to the health service provided for the student teacher and to the organization and content of the program planned to prepare the student for health teaching.

The three sessions devoted to reports on the school health Study of the Association were an interesting feature

of the Conference and called forth much discussion. The Study was planned with the purpose of evaluating school health programs in terms of accomplishments and was conceived as a threefold project:

The construction of scientific instruments of measurement of health aspects where such were not available.

The application of these measurements to many different situations, measuring both the forces and the results of these forces in various situations.

The interrelation and analysis of all these measurements.

The reports given at Sayville included a description of the Study, an explanation of the tests used and statements as to some of the findings.

It must be pointed out that this research was conducted with a specific object in mind and the tests and measures used were prepared for research purposes. Some of the tests, and measures in the form used are not easily applicable to ordinary school routine. The first monograph of the School Health Study Series is ready for distribution, others will be forthcoming.

Dr. Bonser, Professor of Education at Teachers College, gave the last address, "An Educational Perspective," which fittingly closed the conference and left with each one an ideal toward which to work in the coming year. Dr. Bonser said:

It is my philosophy that the purposes of life, health and education are one. The end and aim of all are growth and enrichment of human experience. Work, citizenship and recreation are conditioning means of this growth and enrichment, the activities in which we participate to realize the satisfactions and enjoyments which life may afford. . . . Richness and length of life are both conditioned by the qualities of life. In the long run efficiency, satisfaction and enjoyment all depend upon the healthful and normal functioning of body and mind.

BEATRICE SHORT



The Teacher Discovers the Nurse

BY MARY O. POTTENGER

Supervisor of Elementary Education, Springfield, Massachusetts

WITHIN the past quarter of a century the public health nurse has become a vital personality in the organization of the public school. While frequently working under the direction of city, county, or state departments of public health she is none the less a public school nurse. She has found her way into the hearts of children and parents and into the confidence of school officials. Administrators making plans for the construction of new school buildings consider the unit to be used by the physician and nurse an essential part of the modern school plant. Its equipment is selected with greatest care.

The early work of the school nurse was largely first-aid, exclusion for communicable disease, and promotion of cleanliness. She has always gone into the home in the performance of these duties. Year after year her work has become more clearly defined and opportunities for service have multiplied.

While these early duties have been continued a more valuable service has developed. Through the persistent follow-up of the nurse after examinations of school physicians, parents are coöperating in the correction of defects. Through the school nurse, dental clinics are caring for children's teeth. Through her, defective vision is being discovered at an early age and corrections are being made by specialists. Through her, under-nourished and anaemic children are finding places in open-air schools and are benefiting from a program which includes proper and sufficient nourishment, rest, regular elimination and the development of other health habits.

At the same time that the nurse has been making herself a necessary part of the school certain fundamental changes have come about within the school. Changes in educational think-

ing have developed a new philosophy of education. Emphasis has been shifted from subjects of study and adult needs to the child. His education is being planned and effected in the light of his more immediate needs and interests.

THE SCHOOL OF THE PRESENT

The school of the present places its emphasis not so much on formal instruction as on activity as a basis for learning. This type of school affords opportunity for children to engage in individual and group interests. We believe that children learn through living together, playing together, working together; through engaging in experiences first-hand; through solving their own problems and making their own mistakes; through achieving their own successes and having success do to them what it does to those of us who are more mature.

The school of this type has become flexible in the nature of its program and time schedule, this in striking contrast to the program and time schedule of the conventional school. In this school the day, limited to five hours, was distributed among the various school subjects without regard to their social values. So many minutes a day were allotted to school subjects, arithmetic taking the lead. The program did not permit time to vary nor special interests to be pursued. From time to time as it was forced upon the school, the curriculum expanded and a new subject was added to the day's program. It is little wonder that each expansion met with resistance from school authorities on the basis of time.

With the present tendency to organize subject matter around the activities of children, subjects of study are becoming fused. Units of teaching include related subjects such as health, safety, and civics. At the same time

these units provide a means of developing the skill subjects—reading, spelling, language, and arithmetic.

RELiance ON THE NURSE

In a school where such activities are a part of the daily program, teachers and children take into their circle all who can make a contribution to the learning situation. Children who at one time were sent to the nurse for inspection or first-aid now, under the guidance of the teacher, seek her help on any problem in the solution of which she may be able to give assistance.

More and more, elementary school children have come to look to the school nurse for information and aid in all things which have to do with their physical welfare. The close relation between health and safety makes it possible for the nurse to have her influence felt in the development of desirable health and safety habits in children. In rural districts where teaching has less supervisory direction each contributing personality should be used to the fullest extent. Teacher and nurse working together on these problems would greatly increase the probability of effective learning on the part of the children. Many opportunities will be presented for the nurse to step out of her office into classrooms where children are actively engaged in the business of living and learning. The teacher who does not avail herself of this expert help is neglecting to use a source of valuable aid and inspiration. It should always be remembered, however, that the nurse with her multitude of duties should be the judge as to the amount of time which she may find available for this type of service.

The following brief illustrations are suggestive types of classroom activities in the development of which teacher and children may seek the assistance of the nurse.

KINDERGARTEN AND GRADE I

Situation

Doll families living in the kindergarten and first grade engage in many neighborly activities.

Suggested activities

1. The little girl doll of the first grade is ill. The kindergarten children pay a visit to the nurse asking her to help them select the right food to send into the first grade for the doll's breakfast, dinner, and supper.
2. Children plan the meals, cut pictures of foods from magazine and arrange on cardboard trays.
3. Children invite the nurse to inspect the trays to be sure that the food is just what the sick doll needs.

GRADES I-II

Situation

Children and teacher take a trip over the school building in order that children who are new to the school may get acquainted.

Suggested activities

1. A call at the nurse's office. Children are introduced to the nurse and learn her name. They are told that Miss Smith is the school nurse who is their friend and who will help them to keep well.

2. Returning to the classroom the children tell the story of their trip. This is printed on the blackboard and later on a tagboard chart. The chart is posted on the bulletin board as the daily news bulletin; *e.g.*,

Our Visit to the Nurse: We took a trip this morning. We went to see Miss Smith. Miss Smith is our nurse. She will help us to keep well.

3. Children draw pictures of the nurse in her office showing how she helps the children. The best picture is posted on the bulletin board; *e.g.*,

Picture of Nurse: This is Miss Smith. We took her picture. She is helping the children.

4. Children write to Miss Smith asking her to visit their room to tell them how to keep safe and well.

5. Miss Smith visits the children five or ten minutes each day for a week. She tells them how to come to school safely, how to keep the playground safe, the best way to dress for out-of-doors and for sitting in the classroom, why they should eat the things that are good for them, and when they should go to bed at night.

6. Children develop a series of stories about their class telling how they are keeping safe and well. These stories may be written and bound in a booklet dedicated to the nurse; *e.g.*,

Our Playground: We play out of doors. Miss Smith says the fresh air is good for us. We are careful when we swing or go down the slide. We hold on tight.

GRADES III-IV

Situation

The children are interested in the construction of a model farm. They will find the nurse helpful in developing the following activities.

Suggested activities

1. Invite the nurse to come to the classroom to inspect the farm and to suggest ways of making it a safe and healthful home for the farmer and his family.

Cleanliness of barn and barnyard

Proper care of animals

Kinds of vegetables which should be planted in the garden

Milk kept clean and cold for baby—This may lead to study of modern refrigeration

Telephone service for emergency and other uses

Proper equipment in case of fire; e.g., chemical extinguisher, adequate water supply, force pump, hose, etc.

Protection against fire through proper location of garage and storage tank for gasoline

2. Construct medicine cabinet for the farmer's home—label all bottles properly.

3. Study means of protection from accident in use of tools and farming implements.

4. Study of neighborhood and best way of going from homes to school. Rules should be developed for the prevention of accident on the road.

GRADES V-VI

Situation

In the study of industrial geography children are always interested in the provision of the employer for the comfort, health, and safety of the employee. This study should be made from the local situation if possible. Children in rural districts will make the approach through commodities essential for comfortable living or through industries of nearby communities.

Suggested activities

1. Study of accidents on the farm, in industrial plants and how first-aid is given through emergency rooms and nurses.

Children invite the school nurse to tell them what is included in the first-aid equipment of an industrial plant. This might easily lead to the construction and fitting of a first-aid cabinet for school, the nurse serving as guide in the project.

2. The lunchroom of any large plant is in charge of a dietitian. If there is no school dietitian or home economics teacher the nurse would be a great help in supplying information about how meals are planned and care in their preparation.

In many rural schools children take their lunches or the school has lunchroom facilities. The nurse would be a help in planning menus for lunches from home or in the proper equipment and management of the school lunchroom. In a few states the state department offers the advisory service of nutrition workers, and occasionally itinerant nutrition service through the American Red Cross is available.



Sir Gilbert Murray in "The Ordeal of This Generation," says:

The fact is that a clear conception of the world as an intelligible, or apparently intelligible, whole is an immense influence toward regular and law-abiding conduct. Morality and decent living depend so much upon recognition of one's self as being only a member of a great ordered whole, not an isolated being whose sole purpose is its own happiness. . . . I look to intellectual coöperation among men of good will, for the restoring of our lost cosmos and the ultimate wise guidance of the world.

Dr. Julius Tandler of Vienna, whose paper on the Scientific Method in Social Health work was presented at the I. C. N. Congress, remarked that if he had his life to live over again he would like to be an American public health nurse because of the romance and human interest of the work.

A Dental Health Exhibit as a Project in Health Education

BY PEARL E. WILSON, R.N.

Director Dental Health Education, State Department of Public Health, Oklahoma

WITH the "passing of the recitation" from teacher to pupil, and the emphasis placed upon "pupil activity" in modern schools, it is becoming necessary for public health nurses to change their methods of presenting subject matter to pupils and patrons. ("Health talks" by nurses are not as a rule popular now, and

circulars containing subject matter from which pupils prepare the talks and demonstrations given by them when the different classes visit the exhibit to study dental health. Patrons are then invited in to be painlessly educated in mouth hygiene while being entertained at an exhibition of school activities.



Mouth Hygiene—Student Examiner Demonstrating

stories, plays, and drills written outside the class rooms are being discarded.) The dental health educational program for use in elementary schools and Teacher Training Schools in Oklahoma has been arranged as a project in health education, and is being developed in the schools as an exhibit through correlated work in many different classes, with the emphasis upon nutrition and mouth hygiene as factors in health training. Plans for building the exhibit are furnished to teachers, with bulletins and

THE EXHIBIT

The exhibit is presented in four sections:

Building Strong Teeth—a study in nutrition. This is usually developed in the Home Economic Departments.

Personal Care of the Teeth—a lesson in good habit training, includes a demonstration of How to Brush the Teeth.

Dental Health Service calls attention to the many activities of the dentist in his effort to help us keep well. The early treatment of "pits and fissures," and frequent, regular dental treatments as a means of avoiding pain, saving money, and saving teeth, are emphasized and well illustrated by charts

and plaster casts. Maps showing the location of dentists' offices and the distance pupils have to go for service call attention to the need and value of school clinics.

The Result of Neglecting Dental Health— This is the negative phase of the program. Charts and casts show the development of infection in the mouth and the routes it travels in passing to different parts of the body. Humorous slogans emphasize the value of "being true to your teeth or they will be false to you"; having "two sets instead of three"; and "avoiding ills and pills" by preventive dental service and good habits.

In the meantime pupils are making individual Health Note Books, mouths are examined as a study in health classes and records of conditions and habits to be developed are started. And the local or nearest dentists are being asked to help organize dental service for the school. We do not encourage free service. In the long run it is not satisfactory and it is never a permanent program. In demonstration clinics in rural schools this year (1928-29) 958 children were cared for at an average cost of \$1.68 per child—fees paid by the children covered the cost of the clinics, including travel expenses and \$15.00 per day salary paid to the dentists. Some fees were as high as \$4.00—many as low as 50 cents. Always a few cases are cared for without charge, though it is suggested that local organizations assume responsibility for those unable to pay.

DEMONSTRATING THE PROGRAM

The climax in the acceptance of this program by educational workers was reached when a county school demonstrated it at the Short Course for School Superintendents, given by the Extension Department of the University of Oklahoma. Later in the year another school demonstrated it at the Annual Meeting of the Oklahoma Educational Association with sixth grade pupils in charge, and an Oklahoma City School developed it for the State Dental Society's Conference where pupils in charge talked before all the dentists attending the meeting.

This program is inexpensive. The original cost to the Health Department was slight. Posters were made by high school pupils and plaster casts were donated by dentists. Mimeographed instructions with one illustrated circular are sent to teachers who want to develop the program. The State Department of Health will furnish teachers with mimeographed plans for developing the project and subject matter for the talks to be given when patrons visit the exhibit. The Director of Dental Health Education presents the plan at educational meetings and at Teacher Training Schools. Occasionally the material is loaned to a school but, as a rule, this is not satisfactory; too much material is lost or spoiled. Teachers usually prefer to have their pupils make it themselves.

Iowa Plan for Dental Health Education

Results of Two Years' Demonstration

BY JANE M. WILEY, Public Health Nurse

*Note—*The Bureau of Dental Hygiene of the University of Iowa is the center of dental health activities in the state and has assisted in organizing many programs. The Director, Doctor T. A. Gardner, pedodontist, gives special instructions in dental hygiene to public health nurses who wish to carry on the "Iowa Plan" in their own communities. At present about one-half of the Iowa School Nurses have had this instruction. Others have been enrolled for future classes.

THE demonstration included work in four types of Iowa communities: a city of about 15,000 population, a small city of about 5,000, a town of about 1,500, and the rural schools of a county.

The purpose of the demonstration was:

First, to show that a dental health program should be a regular part of a school's activities,

Second, to find out for ourselves just what conditions existed, just what difficulties would arise, and how best to overcome them.

Teachers were encouraged to use their own ideas to stimulate interest. Many and varied stunts were tried, each contributing something to the whole. The attitude of the parent, who thought it a waste of good money to repair "baby" teeth, had to be changed. It was easy to interest the



The first school to reach 100 per cent dental corrections in Jones County, Iowa

The success of the demonstration is attested by the following figures taken from the records at the beginning of the work and at the end of the last school year:

children, but the unbelieving parent was hard to convince. With the ardor and persistence of youth when it earnestly desires something, many of them succeeded in getting to the den-

DENTAL STATISTICS

School		Number Enrolled	Free from Dental Defects	Need Corrections	Completed Dental Corrections
Boone	Jan., 1928	1050	6%	94%	
	May, 1929	1160			94%
Red Oak	Dec., 1927	510	10%	90%	
	May, 1929	639			83%
Dewitt Public School	Oct., 1927	2500	6%	94%	
	May, 1929	2500			58%

At the beginning of the school year the children were given an inspection by the public health nurse, with an explorer and a mirror to find the tiniest of pits and fissures. If we are to *prevent decay* we must detect the break in the enamel as early as possible. Every child was sent to his own dentist. When the dentist had completed all necessary work he signed a card which was returned to the school. This entitled the child to have his name on the class room honor roll.

tist, whether the parents were actually converted or not. Getting the child to the dentist for the reparative and prophylactic work is the biggest part of our program and the rest is helping the dentist to teach "preventive dentistry."

Proper food habits and correct daily care were taught by the teachers, correlating this with other regular studies, the nurse giving tooth brush drills and making regular inspections to stimulate interest and keep up the enthusiasm.

The children were weighed at the beginning and end of the campaign. This is the most tangible evidence that can be given to the child and did much to help him understand that good dental hygiene is definitely related to good health.

The following weight record would seem to indicate that clean healthy mouths, free from diseases and abscessed teeth, will in a large measure mean better nutrition:

WEIGHT RECORD

<i>School</i>					
Red Oak	Dec., 1927	510 children	32.7%	were 7% or more underweight	
Red Oak	May, 1929	459 "	10%	" " " " "	"
Dewitt	Oct., 1927	172 "	29.6%	" " " " "	"
Dewitt	Apr., 1929	160 "	13%	" " " " "	"

We believe this shows that putting emphasis upon a dental campaign is a tremendous help in dealing with the underweight problems.

Except in a few individual cases at Red Oak it was found by a careful check of the records that with the exception of two children who lost weight [one lost one-half pound and the other one and one-half pounds] all of the others made an average gain of five pounds each in the eight months of school. This in spite of the influenza epidemic which swept through the school missing almost no one.

The final check up at the end of the

year was principally to see how well the children were putting into practice the things we are trying to teach.



The first International Congress on Sanitary Aviation convened May 18 in Paris and was a great success. It was fitting that this first congress should be held in Paris, as France has taken a prominent part from the start in the transportation of wounded by airplane in peace and war.

Forty nations participated in the congress. The papers presented dealt with such subjects as "Sanitary Aviation in Exterior Fields of Operation," "Sanitary Aviation in the Colonies," "Aviation as an Instrument of Evacuation of the Wounded in Time of War." Demonstrations and exhibition flights of various sanitary planes aroused great interest among the conventionists.

The delegates adopted the following resolution:

Nations represented at the congress shall promote by all means in their power the extension and the development of sanitary aviation in all its branches. Every facility shall be accorded in time of peace to sanitary planes which will aid their flights, by recognizing their absolute and prior right to use the conveniences of airports and aviation fields and all means of rapid transmission, and by according them undisputed passage over frontiers. . . . The status of sanitary planes shall be established as soon as possible with reference to their immunity within the scope of international agreements, and notably the Convention of Geneva, in order that they may be assured all the protection now accorded to all means of transportation utilized for sanitary evacuations. . . .

School Health Service for High Schools

By MARY E. CHAYER, R.N.

Supervisor of School Nurses, Des Moines, Iowa

ONE of the outstanding needs in school health service of today is for a more clearly defined program of health service in secondary schools. There is as yet very little agreement either among the educators or the health specialists as to what should constitute adequate school health service; and perhaps there is even less agreement as to the functions of the various health workers and the regular instructional staff in the administration of such service.

No health service worthy the name can be built up over night. On the contrary it would seem that only those secondary schools which have had the services of some person of vision covering a period of several years, have been able to develop health services which have functioned in a satisfactory manner; even in these schools, the administrators feel the need for scientific research as to the best methods of procedure for the attainment of results commensurate with the needs of the high school group.

The Joint Committee on Health Problems in Education through their Health Education publication have probably done more than any other group toward setting up standards for health service and health education. This report states that health education can be promoted only by emphasizing all aspects of health—physical, mental, social, emotional, moral. The teacher of health should look for normal development of every child from all of these points of view.

HEALTH EDUCATION AIMS

Some of the aims of health education in high schools might be listed as follows, bearing in mind that this list is not meant to be inclusive:

To impart knowledge of what constitutes a condition of physical and mental well-being, as opposed to mere absence of disease.

To give a simple understanding of the normal mechanisms of the body essential to the maintenance of health.

To develop an ability to recognize abnormal conditions in the individual and in his environment.

To create an appreciation of proper sanitary measures for home and community.

To impart knowledge of when to seek medical aid.

To give a practical knowledge to both boys and girls of simple nursing procedures for the care of the sick in the home, to treat and to care for simple emergencies, to protect others in the home from illness, to take intelligent care of infants and children, and to give, in so far as possible, knowledge of how to build strong bodies.

To demonstrate how children and adults may be guarded against infections, and may be immunized against certain communicable diseases.

To teach the importance of healthful fathers and mothers.

To adapt the instructional material to the needs of the child and the community.

To help teachers to maintain their own health to the highest measure of efficiency.

To work toward a closer coöperation between home and school.

SCOPE OF SCHOOL HEALTH SERVICE

If the above objectives are to be met, the health education program will need to include medical and dental inspection service, physical education and nursing service. In addition to these specialized services every member of the instructional staff as well as of the administrative staff must not only feel a sense of responsibility for the health of students, but must also actively participate in the program and make a contribution peculiar to his major field of interest. This can best be accomplished through the "Health Council" and case conferences. The personnel of these councils should include representatives from the administrative staff, the specialists in the field of health and physical education, the home economics department and the science and biology department. The

council should be a coordinating unit between the various departments and the needs of the school child and his home. The council should have some definite objectives, such as:

Study of individual problem children—delinquency, failure in studies, emotional instability, in fact any physical, intellectual, social or emotional maladjustment.

Study of the contributions which should reasonably be expected by one department to another, with reference to health.

Study and concerted effort toward correction of remediable defects.

These suggestions are again only as a guide to an understanding of the possibilities of such conferences. Any studies would of course be based upon the needs suggested by the various members of the group.

MEDICAL AND DENTAL INSPECTION SERVICE

If the elementary school has had a health service and the health record has been passed on to the junior high school, it may not be found necessary to have a complete health examination more than once during the junior high and once during the senior high period. All students should be examined for whom there is no adequate health record. In addition, all students needing special examinations and advice at any time.

Boys and girls should of course be examined separately, and women physicians preferably employed for the examination of girls. If the schools are to set some sort of standard as to what constitutes a health examination, students should be examined with clothing removed to the waist, and shoes removed. A great effort should be made to have parents present at this examination. All students entering competitive games should be reexamined at the beginning of each season.

An attempt should be made to make this examination a real test of physical fitness, not just an ordeal through which all must pass. An examination should be evaluated as to its educational value as well as to its health value. Parents should be advised when the examination is to be held and their attendance urged. This is best

accomplished by planning in advance, through the health committee of the Parent-Teachers Association, for some publicity on the value of the health examination and the contribution of the parent to the better understanding of the child by the physician. If parents are present the condition of their children and the necessity for corrections will be taken up at once, thereby saving much time in home calls or other method of notification of parents.

Care should be taken that the student is not told too much about his condition, if it is unfavorable. Especially in the case of heart trouble should the child not be informed. Parents should take these children to their family physician, and he should be the one to give such information as he sees fit, after consultation with the parent.

READMISSION OF STUDENTS FOLLOWING ILLNESS

When the students have been absent from school, if even for only a half-day, most schools require that they bring a note from the home stating the reason for their absence. This note is taken to the home room teacher. If it is found that the reason for the absence was illness, the teacher should make a careful inspection of the student. A few pertinent questions will disclose in most instances the nature of the illness. If there is any doubt in the mind of the teacher as to the advisability of readmitting the student, the nurse or physician should be consulted. The nurse usually keeps very careful records of absentees and she is ordinarily skillful in asking questions and in getting at the true nature of the illness. She can then get in touch with the home or the family physician, and augment her information; she then excludes the student or gives him an admit slip to his classes. This is a very important procedure and is of inestimable help in controlling contagion. One of the functions of the nurse is to see that each one of the teachers knows how to make an adequate inspection preliminary to the one which may be required of the nurse.

MORNING INSPECTIONS

It does not seem necessary to have daily morning inspections in high schools such as are carried on quite generally in the elementary school. It is assumed that the morning inspection should serve but one general objective, namely, that of control of contagion. If this be accepted, the readmission of students following illness should make the daily inspection less needful, except during times when definite exposures are found. Teachers should, however, make incidental inspections, remembering that the close scrutiny of individual students in groups may add to the adjustment problems of the adolescent child. Parents should be requested to make home inspection of students before sending them to school, especially when diseases are prevalent. The relatively high degree of resistance to diseases in the adolescent period, however, makes daily inspections less necessary than in elementary schools.

SCHOOL BUILDING SANITATION AND HYGIENE

In the majority of high schools the matter of sanitation has been fairly well taken care of by school administrators. There are a few points, however, that need emphasis:

Recent studies in school ventilation seem to indicate that open window ventilation has some distinct advantages over the fan ventilation systems, especially in the incidence of respiratory diseases. It is well to keep this in mind and to take advantage of window ventilation whenever possible without causing friction and reducing the efficiency of the ventilating plant.

If there are not adjustable seats and desks in every classroom, there are usually seats of various sizes so that every student may be seated advantageously, if teachers will help the students to choose the right size. Students should be seated in a seat low enough so that feet may touch the floor easily, and with no pressure on the legs back of the knees.

It is often reported by custodians that classroom teachers are the greatest offenders in the matter of asking for more heat when the thermometer stands as high as 70 or 72 degrees. Teachers should watch the thermostat and should accustom themselves and their students to lower temperatures. Temperature charts should be kept daily, and a uniform temperature maintained of not warmer than 70 degrees at any time.

All swimming pools should be taken care of by a sanitary engineer or other person under his direction. Daily bacterial counts should be taken and the standard for drinking water of the United States Public Health Service should be maintained. Any unsatisfactory bacterial count should have immediate attention.

PARENTAL EDUCATION

The parental education movement is one of the most forward-looking movements of our day and is of especial significance to health workers. There are in various cities numerous child study groups sponsored by the Parent-Teachers Associations and other organizations. Leaders of such groups should have special instruction and should be chosen because of their fitness for this important piece of work. Many groups are studying the peculiar problems of the adolescent child. All high schools should not only identify themselves with these groups, but should also make fertile suggestions for topics of discussion, based on the needs of the child as actually found in the school environment. It is of advantage to keep these groups informed of what is being attempted in the school health department, so as to elicit their interest and coöperation. It is becoming more and more accepted that parents *are* interested in the physical and mental welfare of their children, and are doing their best with the knowledge which they possess. The leadership of the educational group is especially appreciated and parents do assume their share of responsibility when it is squarely put up to them.

At one of the Red Cross lunches in New York to greet our overseas guests, one of the Scottish visitors told this story: Sandy had driven with a friend to Canada. Reaching Montreal he remarked sadly, "John, gasoline is 36 cents here." "What do you care?" asked his friend, "you haven't got a car." "No," replied Sandy, "but I've got a Dunhill lighter."

Doughnuts and Coffee

By ANNA THOMPSON GROVER, R.N., AND MAUD MCCREERY
Wisconsin

DOUGHNUTS and coffee. This was the lure that attracted members of a Wisconsin county board of supervisors to an "At Home" given by their county nurse and which brought about more cordial relations between them. Breaking bread with the nurse broke down barriers that had existed for four years between the nurse and some of the supervisors, and her "party" resulted in the first unanimous vote of the board to continue her services for another year.

Of course it wasn't altogether the doughnuts and coffee that completely won over the men who had previously opposed her work—it was the fact that for two hours they let down the bars and, while they were in a sociable mood, opened their minds to the mental feast she also provided as she explained to them charts and graphs that pictured her activities during the past years of service and their results.

The big day in the life of Mary Morton (which isn't her name) was a raw October day. Her written invitation, asking the supervisors to meet with her in her little office in the court house for coffee and doughnuts at the close of their session, was read just at the point when they were tired from the grind of official business, and the thought of hot refreshments appealed. The vote to accept was unanimous and by acclamation.

SETTING THE STAGE

Miss Morton, in her spick and span blue and white uniform, met her important guests at the door as they trooped into her office. With her own hands she poured the coffee and passed out delicious, man-sized doughnuts she had made herself. Her office desk was converted into a center table, daintily arranged and attractively decorated with chrysanthemums and Hallowe'en

colors. Prestige was lent to her "party," by a number of club women known to every man present for their public spirit and social position.

All around the room were interesting charts and imagination stirring exhibits. They were not strung in a row like beads on a chain, but separated by pedestals with flowers and bridge lamps so that each one stood out and spoke up for attention.

And how the supervisors talked and asked questions! Often, it is true, their voices were muffled because their mouths were full of doughnut—because the questions popped into their heads so suddenly and demanded immediate answers. And who cared! It wasn't a school in eating manners, anyway. It was a mixture of sociability and education that grew out of the county nurse's keen interest in her work. Also realization that if it was to receive the unanimous support it deserved she must face the fact that making the supervisors see its value was just as much a part of her job as inspecting Johnnies and Marys in school and following them home to see that correction of defects was made.

THE RIGHT FRAME OF MIND

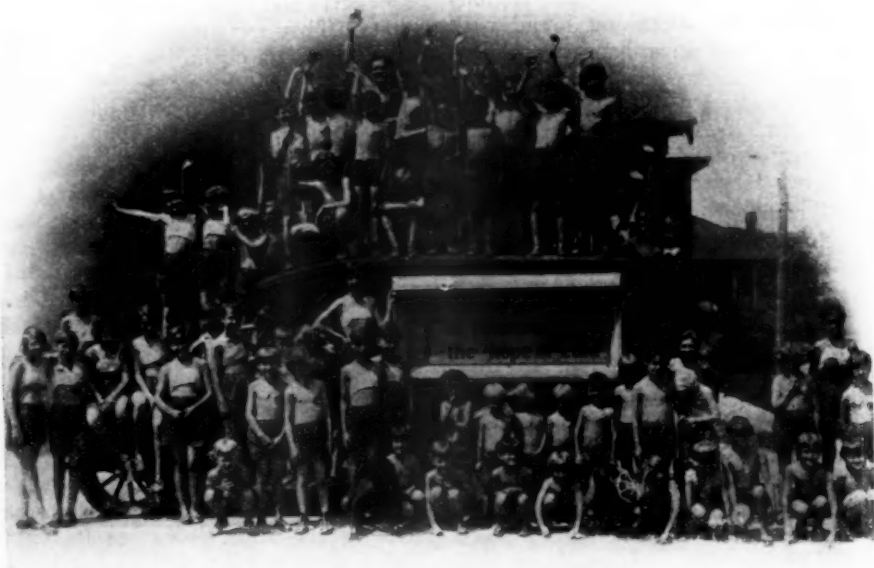
For two hours Miss Morton answered questions and tactfully led her guests from one exhibit to another. She had learned some hard lessons in her years of service as a public health worker and one of them was that the attention of males, at least, cannot be commanded—they must think that they do the leading. And so she let them alone, so far as pointing out her exhibits was concerned, until their stomachs were warmed and they themselves asked for information. The requests for information were not long in coming. Before she had finished serving the last of the line that passed

her table, the first ones were asking questions. At first she called back the answer from her place by the coffee urn, but soon she had to ask one of her assistant hostesses to take her place there while she went to a chart in the corner around which a group was standing.

"That chart shows," she explained, "how many children in the county have been immunized against diph-

The next exhibit to demand explanation was of two charts, one a graph showing the decline in the tuberculosis death rate in the state over a period of twenty years, and the other a month by month record, for five years, of the number of tuberculous persons who had gone from that county to sanatoria in the state.

"I put those two charts together because I hoped you'd see the relation



Child patients at Blue Mound Preventorium, Waunatosa, Wisconsin

theria and in what sections more work must be done to convince the parents that this disease can be eliminated from our health problem if only they will accept the toxin-antitoxin treatment as a protection for their children against diphtheria." Leaning over to catch the eye of one supervisor and pointing to a section of the chart circled in black she said: "That's in your district, Mr. Brown—won't you help me with those families?"

"You bet I will," he replied. "You won me over to toxin-antitoxin a long time ago. I never dreamed that you didn't have all my neighbors lined up. Come out tomorrow and I'll go with you."

between them," Miss Morton said. "The tuberculosis workers declare there is a clear relation between the sharp decline in the death rate in the past ten years and the increase in the number of sanatoria in the state and patients accepting sanatorium treatment. There is another factor which plays a big part, too. For the past four years we have been having the free chest clinics of the Wisconsin Anti-Tuberculosis Association—as you know because you help pay for them. Note on this chart the big jump in the number of sanatorium patients in our county in that time. Nearly all of these patients were diagnosed as tuberculous in the clinics and persuaded by

the physicians to accept sanatorium treatment. I wish now I had a chart showing the decline of the tuberculosis death rate in our own county since we started the clinic work. I'll wager we'd be surprised at the relation between that decline and the number of our tuberculous sick who have been isolated in sanatoria and the check that way on the spread of that disease."

"I can see already that your next big campaign is going to be for a sanatorium in this county," spoke up the chairman of the board. "I've been signing orders for payment to sanatoria in other counties for a long time, but never before have I seen anything that gave me a picture of what that meant in a lump. I'm not going to commit myself now, but I'm frank to tell you that this exhibit makes me do more thinking about it than I've done before."

Here the chairman took the nurse by the arm and swung her around to face him directly. "I shouldn't wonder if that's what you got us here for today," he concluded with a chuckle.

"You've solved the mystery, all right," Miss Morton smilingly replied. "I asked you to come here today because I wanted to get better acquainted with you and because I wanted you to get better acquainted with my work. Would you be surprised if I told you that some of these charts have been presented to you before when I made my annual reports to the board? Well, they have. I don't blame you for not giving them attention then. I know you're all busy men and the public health work in the county is just one of many things you have to consider. But I knew that if you ever devoted two hours to a study of this work you're paying for, you'd be as enthusiastic about it as I am."

These are merely samples of the continuous run of conversation that took place at Miss Morton's "At Home" that day. When they left to tend to the farm chores, store trade and other business of life which they had completely forgotten during that time, each supervisor bid Miss Morton

goodbye with a friendly handclasp. And their friendly attitude wasn't deceptive, either. The unanimous vote at the next board meeting to continue her position for another year gave evidence of that.

THEN CAME THE INSPIRATION

This unique method of county-nurse-approach to her employers didn't just drop in to Mary Morton's mind. It came after years of effort to break down barriers and to make all of her board of supervisors appreciate as she did the value of public health nursing. It is true that she had had the support of a majority of the members from the beginning, but there were a few influential supervisors whom she had not before been able to reach.

In common with many public health workers, Mary Morton gave more than a full measure of service to the people of her county. More than most of her co-workers, she appreciated the value of publicity and of trying to at least make those who had the fate of her beloved work in their hands know what she was doing to bring about a full and cordial understanding of the value of her work, she wasn't thinking of it as a job for herself. She wanted to stay in that county because she had started many things that she wanted to finish. There were families, into whose lives her duties had taken her, who needed her. She just couldn't bear to think of the possibility of being deprived of the opportunity for service to them. That's the kind of a woman she was—and is.

This was not her first move to get near the hearts of the supervisors. She learned early in her work that merely written reports of her year's work were given scant attention. If read at all, it was in a monotonous "doyousweartotellthewholetruth, etc.," kind of manner and made no impression. She had tried attending the meetings and reading her report herself, and supplementing this with exhibits. While this method of arresting their attention was more successful she was still not satisfied. Then she broke

down all her natural reserve and made herself *talk* her report. This was her best move so far. However, she knew that they were very busy—that they quickly went on to “the next order of business” and, she feared, the impression of the story of her work was crowded out or at least “blurred.” And—this was what bothered her most—there were always some of the supervisors whose faces, indicating their lack of interest or their opposition, she could not thaw out.

Then came the inspiration to treat these men just like any other males. She recalled the story of the old woman who, when asked the best way to a man's heart, replied: “Feed him!” “That's what I'll do. I'll

have a party for them! And I'll feed them something I know they'll like. Doughnuts and coffee! They'll like it, and that's the most important thing just now.”

That's how Mary Morton's “At Home” idea started.

At the next meeting of the board when the matter of continuing the position of county nurse for another year was approved by a unanimous vote, many of the supervisors spoke of their new interest in this work and vowed that they would not let that interest wane. Of course, not one connected the doughnuts and coffee with his new enthusiasm; but we wonder if that old woman didn't know a lot about men.



The American Association of School Physicians was formed and officers were elected at a special session held during the meeting of the American Public Health Association in Cincinnati in 1927. The purposes of the Association were defined as follows:

To create and maintain a deeper interest among all physicians in health service in schools.

To study and advise regarding the various health problems involved in school health service and to insure, under medical direction, their proper management.

To cultivate a closer coöperative relationship among physicians engaged in health work in schools and to establish a better understanding in the profession as to the purposes of the service.

To more effectively coördinate the various agencies, medical, dental and others interested in and willing to coöperate in school health service.

The first annual meeting of the new Association was held in Chicago in October, 1928, with an interesting program. The present membership consists of 324 physicians from 28 states—this includes four members from Canada.

The history of the establishment of the Association and the proceedings of the first annual meeting have been printed and copies can be obtained through the Secretary, Dr. William A. Howe, Education Building, Albany, N. Y., for \$1.25.

One of the European delegates to the I.C.N. who became quite famous for her humorous view of things in general, was visiting a Washington hospital with an overseas group. They inquired if there was a psychiatric department. The superintendent replied deprecatingly that for the present it was only a small one. Miss C. murmured to the group, “That is the first small thing I have heard about in America.”

The Cardiac Child

BY GLADYS F. MOREHOUSE

Supervisor of School Nurses, Detroit Department of Health

IT is an established fact that cardiac disease is found in early life, and that after the fifth year of age the disease steadily increases. Since the child with a crippled heart does not, as a rule, come under medical observation until the symptoms become so pronounced as to interfere with his activities, and decompensation of the heart has been established, obviously the school carries a great responsibility in regard to him. This responsibility can only be met by the careful medical inspection of school children and by an intensified program for those found to be suffering from this disease.

Because it is unjustified and even harmful to restrict too greatly the activities of children with minor heart lesions, it is necessary that a wide scope of regulated activities be provided for them. Realizing this necessity and appreciating the extent of the problem, the Board of Education has made generous provision in its budget for the care and education of these handicapped children.

For several years the Department of Health in cooperation with the Board of Education has carried on a definite cardiac program.

Special rooms called Cardiac and Open Window Rooms have been established in various schools throughout the city. At the present time there are four cardiac rooms and forty open window rooms in the school system. The seating capacity in the cardiac rooms at the present time is one hundred.

These rooms are for the cardiac cases classified according to the classification recommended by the New York Society for the Prevention and Relief of Heart Disease, as follows:

Group 1. Children with heart disease who are able to carry on their habitual activities.

Group 2. Children who are able to carry on diminished activities.

- a. Slight decreased.
- b. Greatly decreased.

Group 3. Children with organic heart disease, who are unable to carry on any physical activities.

Group 4. Children with potential heart disease—those who have abnormal physical signs in the heart, but in whom the general picture or character of the physical signs leads us to believe that they do not originate from cardiac disease—only functional in character.

Into the cardiac rooms are sent those children classified in groups 2b and 3. The others are placed in the open window rooms. Cases other than cardiacs are also sent into these open window rooms.

It has been the observation of our attending physicians that the care offered to children in these rooms shows real results in preventing heart disease in convalescents from acute infectious diseases.

Because many of these children are unable to walk to the school or travel by street car, bus transportation is provided by the Board of Education for those who need it.

ROOM PLANNING

In planning these rooms the first floor is chosen to obviate any stair climbing. An eastern or southern exposure is sought and the room is equipped with the astral type of windows, which permit plenty of fresh air, but eliminates draughts. The temperature is maintained at 60 to 65 degrees Fahrenheit, and as much sunlight as is possible floods the room. The equipment includes the Kalamazoo reclining chairs, which permit the children to either lie down or sit up as the need indicates; and individual blankets which are kept on the back of the chairs when not in use.

During the year 1928-29, six hun-

dred and three children with abnormal heart conditions were treated in these special rooms.

50% came under the classification of 2a

30% came under the classification of 2b

7% came under the classification of 3

The remaining number divided between 1 and 4.

The children with heart conditions registered at the Department of Health, are referred by private physicians, school physicians, cardiac and Department of Health clinics.

CLASSIFICATION

The greater number is found at the time of the general physical examination in the schools. Each child discovered by the school physician to have a possible cardiac lesion is given a classification form and requested to go to his own physician, or, if an indigent case, to one of the cardiac clinics, for a thorough examination and classification. At the same time a report of these cases is sent to the School Nursing Division office, where a record of them is kept and where home calls are checked until all have had medical care, have been classified by the physicians under groups 2a, 2b, and 3, and have been placed in the special rooms designated.

GRADUATED EXERCISE

Upon admission and while in these rooms the children receive periodic physical examinations by physicians especially qualified for the work, and special graduated exercises are given to those for whom the physician prescribes them. The simple muscular exercises include correct breathing, learning to sit erect, postural drills and the exercises of the muscles of the limbs and chest. These exercises have no bad effect on the children and it has been found that they are very beneficial—building up the child's nutrition as well as his muscles. A nurse is in attendance to look after their physical needs and to assist with the health education by individual interviews with parents in school and home.

Provision is made for a special teacher, who conducts the class, which ranges from the second grade through the seventh and sometimes through the eighth grade. The teacher is qualified, not only to teach the regular subjects, but also to give individual instruction in the muscular exercises prescribed.

DAILY ROUTINE

On arrival by bus at the cardiac rooms, the children go immediately to their reclining chairs and lie down for a few minutes before removing their wraps. They then proceed to their regular class room work. Temperatures and weights are taken and recorded regularly.

The daily routine includes additional nourishment in the forenoon and afternoon, and a noon lunch consisting of one hot dish, milk and dessert, supplemented by a sandwich and fruit brought by the children from home. The noon lunch is followed by one hour of absolute rest in the reclining chair.

NORMAL MENTALITY

It is interesting to note that children suffering from even the more severe types of heart disease, seem not to be affected mentally, some of them even making two grades in one term. Those who have been retarded in regular grade rooms frequently advance satisfactorily under the individual attention received in the heart room.

The teaching is done in a rather informal manner, the teacher having a comprehensive and sympathetic understanding of her group. She aims to treat the pupils as nearly as possible like normal children and as she learns their capacities and limitations, she allows them to do light errands and duties. Treated in this way no child is obviously set apart as being different or unable to "carry on" as might easily happen if he were in a regular room. If a child is indisposed at any time during the day, he may quietly and inconspicuously recline in his chair.

If one were to visit a cardiac room he would get the impression of a happy group of children occupied in various

ways. Probably one or two would be lying down, several would most likely be busy at desk work, and others perhaps grouped about the teacher receiving instruction.

INSTRUCTION IN CAPACITIES

During the past year the visiting physician has been giving special attention to instructing the older children regarding their capacities for play and work. This has brought about most gratifying results. It tends to make the child feel less restricted and less rebellious when he knows why he may not take more strenuous exercise, and especially so when he may indulge in the lighter forms of exercise to the point of shortness of breath and slight fatigue.

Mothers are invited to the school to discuss with the physician and nurse their children's condition with the hope of gaining more intelligent cooperation. Much has been gained when parents are brought to realize that while these

really crippled children may never be able to function 100 per cent, with proper care they may develop into useful citizens.

The 420 cardiac cases enrolled in the special rooms for the year 1928-29 were classified as follows:

Group 1.....	47	11.2 per cent
" 2a.....	207	49.2 " "
" 2b.....	130	31. " "
" 3.....	26	6.2 " "
" 4.....	10	2.4 " "

Number of children changed as to classification—

<i>Improved Group</i>	<i>Unimproved Group</i>
From 2b to 1 2	From 1 to 2a 2
" 2a to 1 28	" 2a to 2b 6
" 2a to 4 3	" 4 to 2a 1
" 2b to 2a 27	" 2b to 3 3
" 3 to 2a 1	
" 1 to o.k. 4	
" 3 to 2b 7	
" 4 to o.k. 3	
Total... 75	Total... 12

Average gain in weight, 5.35 pounds.

REPORT OF ACADEMIC WORK

	<i>Percentage Distribution</i>				
	Group 1	Group 2a	Group 2b	Group 3	Group 4
Children with record of excellent or good work....	44.7	45.3	47.2	45.4	50
" " " " fair work	44.7	42.1	39.3	22.7	40
" " " " poor work	8.5	8.9	8.	22.7	10
" " " " failure to make grade.....	2.1	3.7	5.5	9.2	0
<i>Total Average</i>					
Children with record of excellent or good work.....	46.5 per cent				
" " " " fair work	37.8 " "				
" " " " poor work	11.6 " "				
" " " " failure to make grade.....	4.1 " "				

*Meanwhile the mind, from pleasure less
Withdraws into its happiness;
The mind, that ocean where each kind
Does straight its own resemblance find;
Yet it creates, transcending these,
For other worlds, and other seas,
Annihilating all that's made
To a green thought in a green shade.*

Marvell

Reminders for School Nurses

Conserving Sight and Vision Testing

BY MILDRED G. SMITH, R.N.
National Society for Prevention of Blindness



THAT the condition of the eye may affect health and health affect the condition of the eye seem too obvious to require emphasis. We do, however, frequently find these truisms ignored.

More and more, workers in the field of public health are endeavoring to think in terms of the whole child; more and more are they appreciating that functions, development and attitudes are related things. The eye, which in embryonic life emerges from the brain tissue itself and remains during life so intimately connected with the nervous system as to be considered a part of it, has its vital part to play in normal development of physical and mental health.

A more comprehensive knowledge of the facts regarding the process of seeing—plus an open mind ready for new observations of reactions—may combine to make any public health nurse useful in the program of conservation of eye health both in the fields of health education and of health service.

MAINTAINING NORMAL VISION

So far as we know, the majority of children enter school with what may be considered normal vision. The first responsibility is to this majority. Professionally and economically this is a wise assumption.

What may the nurse do toward assisting this group to maintain that which is already good? It may or may not be her responsibility to plan the health education material; it may or may not be her responsibility to organize the health service. Very seldom, if ever, would it be considered among her duties to plan school ar-

rangement or equipment. However, it would seem quite reasonable and proper that she be prepared to guide, assist or carry out definite procedures in aiding the work of sight conservation as an integral part of the general health program if such is required of her or if an opportunity arises.

In order that we may see, the eye must do actual work. During the first years of school life, the child's eye is still in the process of development. It therefore is particularly important that only that eye activity which is suitable shall be undertaken. Method and equipment should be such that there is no opportunity for eye strain. Ideal conditions are seldom immediately possible. But let effort be directed toward, not away from the ideal.

Some of the limits of eye use may be learned by watching the young child in his natural play. He is not interested long in that which requires fine adjustment nor does his attention remain fixed for any length of time on near objects. Modern teaching methods recognize these tendencies and their meaning and make adaptations suitable to the child. Large pictures and playthings, big clear print, short periods of eye work with frequent opportunities for looking some distance away are afforded to the little child of the modern school. These same principles, modified, should be practiced beyond the primary grades.¹ The nurse should be a factor in promoting interest in the following of these principles in the home, as well as in the school.

Probably it would be well to remind ourselves of those arrangements in a school room which tend toward making eye work safe and efficient. Help in some of these particulars has already been given through the article on light-

ing which appeared in the March, 1929, issue of *THE PUBLIC HEALTH NURSE*;² some of the points made there will be reenumerated here.

LIGHTING

There should be sufficient light on all working surfaces at all times. Experts tell us that by "sufficient" they mean 12 foot-candles preferred, 8 foot-candles minimum. Light is readily measured with a foot-candle meter.³ To aid in the securing of all natural light possible, window space should equal preferably one-fourth the floor space; one-fifth is considered the minimum. Windows ought all be grouped on one side of the room and to the left of the seated pupils. Glass area should extend from $3\frac{1}{2}$ to 4 feet from the floor to within about 6 inches of the ceiling. The space between the windows should be as narrow as possible. Two shades, buff in color and translucent, should be placed at the middle of each window, one to pull up and one to pull down. No leaks of light should show from any side or where the rollers join at the center. Light buff, light-gray-green or light, warm gray are considered favorable colors for wall surfaces. Except perhaps in localities with a super-abundance of long, sunny days, the buff which reflects rather than absorbs light is probably best. Ceilings will best reflect light if cream or white. All should be in a flat finish. Good artificial light, evenly distributed from above, should approximate proper natural light as nearly as possible. It is not difficult to train ourselves to notice lighting arrangements and thus become aware of that which brings comfort and relaxation as opposed to irritation, discomfort and perhaps increased nerve tension. In so doing, we are helped toward preparing ourselves for greater usefulness in the welfare of children, as influenced by comfortable, clear vision.

AVOIDING GLARE

Glare is one of the frequent causes of eye-strain. Continued eye-strain affects not only the tissues themselves,

but reacts on the general health. Glare is perhaps more quickly irritating to the eye than is a deficiency of light. It is avoided by proper diffusion of light, whether natural or artificial, elimination of glossy surfaces, as on furniture, wood-work, walls, ceilings and paper, and prevention of sharp light contrasts. Only in the community in which there are the combined advantages of long hours of daylight, skies seldom clouded, absence of soot problems and schools built to admit sufficient natural light will the installation of artificial light be unnecessary. In other words, schools in most sections of the United States should have artificial light. Artificial light should be sufficient, yet soft and diffused evenly over the whole room area. Unshaded bulbs should not be tolerated.

Nearby buildings, hills of a light colored soil or covered with snow may reflect a glare which demands some adjustment; if the wall or trim of a building is at fault, perhaps it may be arranged to make correction there. Where soil or snow is the cause of glare, adjustments will necessarily be made within the room affected.

PLACING DESKS AND SEATS

The position of blackboards and seats with relation to source of light still seems to demand attention in spite of past efforts. The child should not have to face light either at his desk or while working at the board. Nor should there be glare on any board from misdirected light. Blackboards placed between windows are usually a source of glare, since the children must face the light when using them; the same holds true of those parts of the board insufficiently lighted or on which misdirected light gives a glare. Blackboards at the front of the room should not be placed nearer than seven feet to a window. Desks and seats should be so placed that the child neither faces a light nor works in a shadow. Placing the seats at an angle slightly away from the window will give the desired results.

Observation, together with common sense, can do much in securing better

working conditions for the eye. To-day scientific information is easily available; this information should be sought and used. To copy blindly the arrangement and equipment of another supposedly up-to-date school may in altogether too many instances result

not only in an unwise expenditure of funds, but in conditions which develop poor, rather than good, hygiene.

Within the positive health program, there is not only the need, but an opportunity for actual accomplishment in the field of conservation of sight.

¹ In "Your Eyes and Their Care," by Edgar S. Thomson, M.D., one of the Appleton Popular Health Series, D. Appleton and Company, there are concrete suggestions for size of type, distance of book from the eyes, length of working periods and so forth. Price, \$1.50.

² "The Lighting System in the Public Schools under Nursing Supervision," by Harriet B. Cook, R.N.

³ The foot-candle meter is made by the Edison Lamp Works of Harrison, N. J. The price is \$25. For the nurse who does not own one, arrangements may be made with a local electric power company to borrow one. Light measurements should be known for all parts of the room and under varying conditions, as influenced by clouds, time of day and so forth.

(To be continued)

SIGHT-SAVING CLASS WORK



The number of sight-saving classes in the United States has grown from 292 in 1927 to 305 in 1928, with the prospect of the establishment of several more at an early date. It must, however, be realized that according to statistical calculation 4,700 more classes are needed. More and more, the need for specially trained teachers is being felt. To meet this need, the number of courses for the training of sight-saving class teachers and supervisors is increasing. During the summer of 1928, two regular courses were conducted in cooperation with the National Society at the University of Southern California and the University of Cincinnati. An advanced course was given at Chicago University. Courses were independently given during the school year at several other educational institutions. Teachers College, Columbia University, has provided a course for the Summer Sessions.

MENTAL HYGIENE IN THE SCHOOL

Second only to the home, the school should be a great mental hygiene force. In fact, it can be safely said that the school which neglects the mental health of its children fails in its great mission. The modern school is at last coming to realize that its chief objective is not the teaching of subjects, but the development of boys and girls for social life. With all that is being done by our schools to safeguard the health of children, it is of even greater importance that special attention be paid to the mental health of children as the factor most directly influencing personality. Mental hygiene should be introduced into the school through the teacher. Every teacher should be given a practical understanding of mental hygiene which she can apply in the classroom, so that she will seek to understand the varying personality make-ups of her pupils, and foster the best development of each. In this sense, mental hygiene is something by which all school children, no matter how normal, may indeed profit. For the more difficult problem cases, every school should have a well-organized visiting teacher service, and should have available the services of a consulting psychiatrist and psychologist.

*A Community Program in Mental Health—Stanley P. Davies.
Paper given at I.C.N. Congress, Montreal, July, 1929.*

"Clean An' Regular"

By RUTH H. KING, R.N.

General Supervisor, Metropolitan Life Insurance Company

SOMEONE had moved into the old Sawyer house by the river. The wash line was gay with baby clothes, assorted sizes. Under the apple tree, a tiny baby squirmed in his carriage. "This is a good family to know," said the visiting nurse to herself, as she lifted the sagging gate. She had made a little headway with the Polish settlement. A few of the mothers climbed the hill to the clinic once a week. Maybe this mother could be persuaded.

The baby's cry was more effective than the nurse's knock. The mother opened the door, smiling in friendly fashion. "Scusa, Mis' Nurse. Me getta the baby. He wake maybe the other babies, this one." Swiftly she moved to the carriage, the nurse following her.

"He smart fella, my Steven," said the mother proudly. "Jus' now he gotta be nursed. See? Two o'clock. He wake up like he little 'larm clock."

In the clean cool kitchen, the nurse looked around, appreciating all the indications of a baby-clinic baby. There was the tidy little homemade tray with its mayonnaise jars filled with swabs and cotton. There was the basket bed in a homemade frame. The baby was dressed, actually, in an open-down-the-back dress and his diapers were put on square fashion. To the nurse's question whether the baby still wore the long band, the mother answered triumphantly, "This 'Merican baby. He no wear band since cord come off."

"What clinic have you been taking him to?" asked the nurse.

"No clinic, Mis' Nurse. No gotta the time. Gotta Danny. Gotta Fanny. They fifteen months already. Gotta Peter. He big boy now. Nex' Christmas time Peter going be three year ol' already. Me took Peter to baby clinic. No time go clinic since."

"You took your first baby to the

clinic and your other babies you have brought up just the same way?" The nurse was incredulous. It was just too good.

"Sure. Nurse come 'fore first baby. She so nice. I so scare. After baby come she come every day. She good nurse for me and my Peter. She show me everything good for us. All time she tell me, "No hard to have well baby. Mother just have to be clean an' regular."

"Me no speak English good those days. 'Clean,' I tell her, 'clean' is boil the bottles, 'clean' is no suck dirty nipples, 'clean' is wash good the diapers and dry in sunshine. 'Mis' Nurse,' I say, 'what means 'regular'?"

"She laugh at me, she so nice nurse. She say, 'Regular, like the clock. You nurse your baby every four hours. You wash baby same time every day. You no pick up baby all the time. You bring baby every two weeks to the baby clinic. That means regular.'

"Pret' soon my man no got work. We move. No got clinic that place. 'Nev' mind,' me tell my man. 'Thank God we got clinic that other place. Me know already what good for Peter.'

"The other babies come soon. We in country then. My man he think he gotta have farm. No nurse that place, no doctor. Me gotta have midwife. Me tell her, 'My babies, see, 'Merican babies.' She laugh me. She ol' country woman. Jus' same I make her do like nurse, clean an' regular."

"This baby, he name Steven. You like that name?" the mother smiled at the nurse wistfully. "You come see my Steven sometimes, Miss Nurse? No can go to clinic. All the time, too many babies. Too much work."

The nurse was going down the crooked street. Perhaps it would be worth while to try once more to see

that little Spivak woman whose first baby was due in September. Perhaps she would still get her interested. She could suggest that she visit Steven's mother. Steven's mother had good words for American nurses and their ways.

The visiting nurse had never thought of it before, but it occurred to her then that perhaps the first baby is the important one. Perhaps she would not have to worry about the seconds and the thirds, if she could just capture the first baby.

RURAL SCHOOL SANITATION

Does Your Community Practice It?

In one fortunate rural community reported by the Deputy State Health Officer of New Castle County in the *Delaware Health News*, a number of points are noted which show the intelligent manner in which this community has made use of its opportunities.

The people can depend on the teacher and the teacher can depend on the people to do what is right. *The teacher realizes that an attendance record that is bought at the expense of a death of a small child in the community, is a very expensive record.*

The local physician in this community is also coöperative and all cases are quarantined as soon as diagnosed. A family in this community wants a placard on the house as soon as disease occurs and feels that they do not wish to be responsible for the illness of anyone.

The school is an institution for the interchange of ideas, *but it may also act as a place for the interchange of disease germs*, if it is not properly conducted in the light of present day scientific knowledge.

I have been in this school often and I have noticed that the room is always clean, the temperature is about right, ventilation good and the children are clean.

The health officer concludes by saying:

What is being done in this community is possible in any county, if the people, the teacher, the local School Board, the physician and the Board of Health will all get together, exchange ideas and take advantage of the vast amount of good that can come from coöperation.



A Child Care Program in Continuation School

BY MARY SUTTON-PHELAN, R.N.

Middlesex County Continuation School, South River, New Jersey

... "THE quality of the home life which the child has to imitate is the chief factor of his emotional development. The treatment given him by his parents and their relation to each other enter strongly into the pattern of his mental fabric and are usually ineradicable. On this score alone the need for intelligent parenthood adequately prepared for its high task is sufficiently evident." *

The child care program has to be approached in a manner specially characteristic of the adolescent group. The adolescent girl, generally speaking, is not greatly interested in children for she is at the "breaking-away-from-home" period and is thinking of her own future home. Her parents' home has less of a hold; outside interests are conflicting: the boy, his car, prestige, social position, dress, the future home, furniture, etc. All these elements enter into the general pattern of the girl's interest in more or less degree, and there is frequently an indifference and distaste for her parents' environment.

THE APPROACH

With this situation in mind, child care must make an appeal to this group. A method of approach has been tried as follows:

The Future Husband. The girls are asked for their opinions and ideals in the selection of a husband. They are remarkably frank and sincere in expressing their views. Out of the sum total of their reactions there are definite, concrete cases taken, examined, compared and evaluated. Health in terms of good earning capacity, health as a solid foundation in home making, the health of the mother, of the father and the future children, are

values that are seriously considered and placed in their proper relations.

The yearly health examination is the only measuring instrument by which the boy or girl can know his or her health rating. A health certificate is placed as a moral responsibility on the boy and girl who are getting married.

Through appreciation of health in marriage, home making, and parenthood, an attitude may be built up which will give direction to affection in choosing a future husband. If it is true, as we are told, that the biologic inheritance is unchangeable, it certainly behooves the girl and boy to make careful selections. On this scientific fact we have built up our child care program.

STARTING THE PROJECT

The project was started by the nurse in the department of health, home nursing and child care. It was carried out through the willing cooperation and assistance of the principal and the teachers in the other departments of home economics. Our continuation school is a school purely of "home-making" whose curriculum was built on "positive health" as its basis. The health instructor is one of the school staff and the Middlesex County Board of Vocational Education is the first board in New Jersey to employ a registered nurse as a full time instructor.

During the month of May—children's month—a group of children varying in age from three to five years came to school daily.

Little Rosie comes in at 9:00 A.M. with her big sister Anna; little Stella accompanied by her Aunt Sarah; another small one comes with her big cousin, another with the daughter of her mother's "good neighbor," and so on.

* E. and F. Macdonald. *Home Making a Profession for Men and Women.* Marshall Jones, Boston. P. 167.

They are greeted by the principal and teachers and then conducted to the improvised "Pre-school-child-room." There acquaintances and adjustments are made with companions and to environment. They are assimilated into the school group quite naturally. Four girls in turn were "little mothers" and had particular supervision of the "runabouts."

Each day that the little one spends with our girls is woven into the school pattern through correlation in the various departments.

ACTIVITIES

The weights and heights are taken by one of the four girls in charge of the morning period. The general condition of the child is observed and charted. Here is a valuable observation lesson in physical well-being according to standards; at the same time observations teach the significance of individual differences.

The furniture, small round tables, chairs and toys, is conveniently placed in the room and is suitable to the age group 3 to 5 years, as are the dollies, dishes, colored crayons, scribble paper in bright colors, balls, baskets, bean bags, and colored picture books. Here we observe the process of selection, individual likes and dislikes, habit formation and "the way children learn."

At the mid-morning lunch, the girls in charge of the children's menu are brought into contact with the children. They prepare and serve the lunch; prepare and serve the noon meal or dinner, learning as they go, food values in relation to children. In preparing for dinner, face and hands are washed, the hair is arranged and the child is made generally comfortable before seated at table. There is always an interval of rest, five minutes, before the child is served. Food habits, likes and dislikes, occupy the greater part of this period. Diets and the balancing of diets are discussed and the individualities of the children are observed.

A group of girls dress, prepare and supervise the little ones' play period in the sun. They observe the children's activities out of doors and are aware

of the value of the direct sun rays in relation to growth and good health.

Values of rest for both adult and children are discussed at the afternoon rest. Girls agree that this would be a "quiet hour for mother."

After rest there is a run in the corridor or in the sunlight after which the children go to the sewing room, where the girls are making children's clothing. Rompers, play aprons, sunning overalls and dresses are tried on and evaluated. At this period there is great gaiety—friendly relationships are thoroughly established and all "strangeness" has vanished. The "runabouts" wear everyday overalls of gayly colored prints made in the sewing department.

The story hour follows. A knowledge of suitable stories for children is acquired in which the cultural content is at the level of the children's interest and understanding. This hour has become a valuable period of education for the girls, many of whom are entirely without any knowledge of childhood stories—not even the legends of their own countries—Poland, Italy, Russia. Their parents are evidently ignorant of or indifferent to—through stress of living and fatigue—the importance of stories in child life. They never gave to their little children the delight which our academic teacher gives both to adult, adolescent and little girls alike during the delightful story hour. Apples are served during this period.

A general game is played before parting: teachers, girls and little ones all get together in a real big game. Ways of amusement, where all can join in and have a good time are illustrated and the day finishes in a general feeling of pleasure and good will.

REACTIONS

The reaction of the girls to this observation period of story telling and play has been quite the most heartening we have experienced. The girls begin to ask for children's story books, and we observe many of them reading with unusual interest. Many of the girls tell their parents the stories they

hear, hoping the parents will in turn relate them to their small brothers and sisters. It is a surprise to these girls to see the little ones so quiet and contented in the school in contrast to their conduct at home.

This little demonstration of child life—inadequate as it is—has its advantages and has set some of our girls thinking. They have gained valuable knowledge and greater skill in meeting problems. We know this from the questions they ask and the observations

they make. If only an attitude has been set in a constructive direction, then our objective has been attained. Given our groups and the short time they are with us—one day once a week—we cannot hope for more than attitudes, and after all, attitudes are starting points.

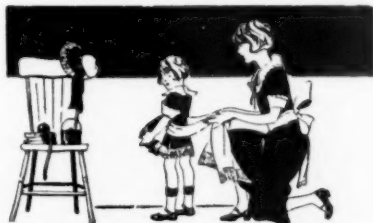
Next year we are planning a more extended program. From out of our experiences in this trial we, too, have arrived at what we consider a starting point in child care demonstration.

THE NORMAL CHILD AS A GOAL

The public health nurse, how sure must be her conception of Health! At first, nursing the sick poor in their homes, she inevitably became a teacher for all elements in the community when she realized that ignorance of how to live healthfully, and not poverty, was often the root of that evil, Sickness, with which she was struggling. Whether she goes into a home primarily to care for the sick or whether she goes primarily to teach a mother how to care for her children, she is what her name says, she is a person whose goal is health for the community. The word goal has an element of the future in it, our goals are attainments to be achieved, for as one goal is attained another takes its place and the picture is always of one seeking or striving for that which is ahead and for the moment beyond our grasp.

The public health nurse must perforce, if her goal is health for the community, be especially concerned with the care of children. Work with children is basic, health for children is the hope of the community. It is the future for which we are working and the children are that future. Of course we believe in the adults and know the possibilities of educating or reeducating them and we desire that they should learn how to live healthfully. But how nearly meaningless would be our task if our efforts were being expended on adults for adults alone. Fortunately our efforts are not thus expended; we teach the adults that they may do a better piece of work for the children. It is the children who really count. Health for the community is health, abundant health, for the children. It is true that health must be the goal of all nurses, but health for the children must inevitably be the *chief* goal of public health nurses.

*The Study of the Normal Child as a Preparation for Public Health Nursing—
Winifred Rand. Paper given at I.C.N. Congress, Montreal, July, 1929.*



All other preparations may have been made but the child who has not been vaccinated against smallpox nor immunized against diphtheria is not completely ready to go to school.
Courtesy American Public Health Association.

Food Practices of Nurses

By EMILY L. KETCHAM

Supervisor of Nutrition, Syracuse Health Department

A STUDY was recently made of food, eaten in one day, by the nurses of the Bureau of Public Health Nursing, Department of Health, Syracuse, New York.

The idea of making such a study was three-fold:

To see how near standard requirements such a group of health workers would come when selecting their own food.

To let each individual nurse find out just how near the standard requirements her own daily food selection would come; and to show her just how her own diet could be improved.

To make the study serve as a basis for teaching why certain standards of diet have been set up.

The nurses became much interested in the analysis; several of them were surprised by the results, and asked for individual conferences to discuss their food needs with the nutritionist. One or two, who have been especially susceptible to colds during the past winter, are trying to change faulty food habits—with such definite recommendations before them, it is easy to effect the necessary changes.

Thirty-four nurses, in the Nursing Bureau, wrote down the food eaten in a "typical day." That is, if the meals eaten the day the request was made were typical, that particular day's menu was put down—but if the previous day's meals were at all unusual, these were not put down—and usual meals were put down instead. Extra food, if usually eaten, was also put down; as, food before going to bed, or in the middle of the afternoon. Each nurse also put on the sheet her height and weight.

These diets were then analyzed by the nutritionist for types of food and translated into calories under the following headings:

Total calories
Milk

Vegetables and Fruits
Meat, Eggs, Fish
Cereals and Breads
Fats and Oils
Sugar

The nurses were divided into three groups:

Those falling within the limits of normal weight for height and age—that is within 10 per cent of normal weight.

Those more than 10 per cent below average weight.

Those more than 10 per cent above average weight.

The dietary requirements were set up for each nurse according to her own particular needs. Total calorie requirements were estimated on the basis of normal weight for height, except in the case of those more than 10 per cent overweight for reasons discussed under "Diets of Overweight Nurses."

Other requirements were figured as follows:

Milk—1 pint, or 314 calories, for each nurse.

Vegetables and Fruits—20 per cent of total calories.

Meat, Eggs, and Fish—15 per cent of total calories.

Cereals and Breads—25 per cent of total calories.

Fats and Oils—15 per cent to 18 per cent of total calories.

Sugar—10 per cent of total calories.

This division of total calories is a modified form of the division of total calories for moderately priced diets for the family as given in "Foundations of Nutrition" by Rose. It is modified to fit the needs of the average adult woman.

Actual diets were compared with requirements and the difference figured in percentages. To allow for any discrepancies, if the actual calories as estimated came within 25 per cent of what was required, it was considered as adequate. Variations from the required

amounts of foods were figured in percentages, above or below the 25 per cent limit.

The diets were then "balanced"; that is, if more than the required amount of one group of foods was eaten and was of the right kind to balance a deficiency in another group,

they were considered as balancing each other.

Thirty-four nurses handed in diets.

Seventeen were within the limits of normal weight.

Six were below the limits of normal weight.

Eleven were above the limits of normal weight.

**NURSES WITHIN THE LIMITS OF NORMAL WEIGHT FOR HEIGHT AND AGE AND
NURSES BELOW THE LIMITS OF NORMAL WEIGHT, SHOWING
DEFICIENCY OF TYPE OF FOOD IN DIET**

Type of food	Total number of nurses in group and number deficient in specified type of food	Number of nurses showing					
		Required amount all types	Deficiency in 1 type	Deficiency in 2 types	Deficiency in 3 types	Deficiency in 4 types	Deficiency in 5 types
Nurses within limits of normal weight for height and age							
Total number	17	2	4	6	2	2	1
Milk.....	7	..	1	2	2	1	1
Vegetables and fruits	7	..	2	2	1	2	..
Meat, eggs, fish....	1	..	..	..	..	1	..
Cereals and breads..	10	..	1	5	1	2	1
Fats and oils.....	5	..	..	1	2	1	1
Sugar	4	..	..	2	..	1	1
Total calories	1	..	..	..	..	..	1
Nurses below limits of normal weight							
Total number	6	..	1	2	1	1	1
Milk.....	3	..	..	..	1	1	1
Vegetables and fruits	2	..	..	1	1	..	..
Meat, eggs, fish....	1	..	..	1	..	..	..
Cereals and breads..	5	..	1	1	1	1	1
Fats and oils.....	2	..	..	..	1	..	1
Sugar	2	..	..	..	..	1	1
Total calories	3	..	..	1	..	1	1

NURSES ABOVE THE LIMITS OF NORMAL WEIGHT

The discrepancies between the diets handed in by the overweight group and their weights were so great that it appeared not to be a problem of dietetics but one for medical supervision so no estimate was made of the total calorie requirement for this group, or of the calorie requirement in cereals and breads, fats and oils, or sugar. The amount of milk, vegetables and fruits, meat, eggs and fish was calculated on the basis of normal weight for the height and age of each nurse. The findings were as follows:

Number having required amount of all three types of food..... None
Number deficient in two of three types of food 6

Deficiency
Milk..... 5
Vegetables and fruits..... 6
Meat, eggs, fish..... 1
Number deficient in all three types of food 5
Deficiency
Milk..... 5
Vegetables and fruits..... 5
Meat, eggs, fish..... 5

It is interesting to note that only two of the thirty-four nurses who handed in "typical diets" had the required amount, within 25 per cent, in all groups of foods for which the diets were analyzed.

Eight nurses in the normal and underweight classes were deficient in two groups of foods

Five were deficient in only one group of foods

Four were deficient in three groups

Four in four groups

Two were deficient in five groups of foods.

ANALYZING THESE

The analysis shows that those nurses who are within the limits of normal weight are seldom deficient in total calories, as only one nurse of average weight was deficient in total calories. Also, only one nurse was deficient in meat, eggs, and fish. The most common deficiency was in cereals and breads; ten of the seventeen nurses, of average weight, were deficient in cereals and breads. Milk, vegetables and fruits are the next most common deficiencies; seven nurses of average weight were deficient in milk and also in vegetables and fruits. Five nurses were deficient in fats and oils, and four in sugar.

The analysis shows that about half of the nurses who are below the 10 per cent limit of normal weight for height, were deficient in total calories—as three out of the six were deficient in total calories.

This group, like the normal group, is most often deficient in cereals and breads; as five nurses, below average weight, were deficient in cereals and breads.

Next came fats, oils, vegetables and fruits. Three nurses below average weight were deficient in fats and oils, and also in vegetables and fruits.

Two nurses of this group were deficient in milk and sugar.

Only one was deficient in meat, eggs and fish.

None of the nurses that were above the limits of normal weight for height and age had required amounts of all three groups of foods that were estimated for them; nor were there any deficient in only one of the three. All were deficient in two or three groups.

The most common deficiency was in vegetables and fruits. All the nurses of this group were deficient in vegetables and fruits; ten, or all but one, were deficient in milk; and six were deficient in meat, eggs and fish.

Five nurses out of thirty-four were taking cod liver oil.

SCHOOL CHILD HOWLERS

Sir W. Scott was called the Blizzard of the North. He tried to reach the North Pole but died in the attempt.

"Heard melodies are sweet, but those unheard are sweeter."—Paraphrase: It is nice to hear music, but it is still nicer not to.

What should the Lady of Shalott have done instead of lying down in the boat and wasting her life because Sir Lancelot took no notice of her?—She should have looked out for another.

Notre voisin est mort d'une congestion pulmonaire.—Our neighbour died of a crush in a Pullman car.

A circle is a line which meets its other end without ending.

What do you understand by the Theory of Exchange?—The Theory of Exchange, as I understand it, is not very well understood.

A focus is a thing that looks like a mushroom, but if you eat it it feels different to a mushroom.

Double dealing is when you buy something wholesale to sell retail.

The Landmark, February 1929

THE CHATHAM COUNTY HEALTH HERALD

A Children's Magazine

Mrs. Anne C. Rivers, School Nurse, Chatham County, Savannah, Georgia, sends us these pleasant notes of what we think is "another project" of an interesting nature in school work.

After serious consideration of the value of a magazine especially written up by the children themselves and wondering whether it would create interest in the homes of the rural school children, we decided to offer to the teachers this suggestion as providing a means of carrying health instructions into the homes and thus arousing initiative on the part of the parents. Our hopes have been fulfilled, and now the parents are eager to read what their children are doing and what has happened. This first year has shown us the possibilities of the little magazine, and we feel this coming year it will be even better. The Council of Jewish Women financed the first edition but since then it has been self-supporting. The initial cost was \$25.00 for the printing and \$5.00 for the cut on the front page.

The teachers permitted the children to write up articles on any appropriate subject as long as it had some health value; this was done in regular school time. We offered a one dollar prize for the best name for the new magazine and were swamped with suggestions. *The Chatham County Health Herald* was chosen because it seemed to cover the whole meaning of our idea. In selecting articles careful attention has been paid to their community

value, English and the health lesson contained. Each month we invited our Health Officer to give the children some message of encouragement. A monthly Aeroplane Health Race for getting corrections made, with one dollar paid to the winner, was quite an incentive. This way children remembered to tell their doctors and dentists about our magazine, thus making a more friendly contact with them. Small cards were made out for these corrections with the name, address, school doctor or dentist, and type of correction. These were given to the teachers to have on hand for children who were going for some treatment; the children had them signed by the doctor and returned to teachers who sent them to us each month so that we have on file every visit made to a doctor or dentist by the school child. It has been a revelation to us.

We believe that the little magazine has helped us as much as the home visits and we find the mothers coming to us now for advice where before we had to go to them. It has given us a new and wonderful approach to the parents and homes of the children, through the children themselves.

Here is one of the contributions to the April number of *The Herald*.

TO DOCTOR SECKINGER

D is for drops of medicine we take,
R is for red cheeks that he will make.

S is for singing that makes the world sweet,
E is for eggs that Ravenel says eat.
C is for courage to keep good health,
K is for kissing, Mrs. Treackle says not to do,
I is for intelligence to be brave and true.
N is for Nurse Rivers who comes when she's due,
G is for good health Dr. Seckinger brings.
E is for eyes to avoid unclean things.
R is for rosy cheeks for us and for kings.

That spells Dr. Seckinger.

Ollie Mock—5A Isle of Hope

Public Health Nursing Facts for State Boards of Health

Wisconsin's Method

BY CORNELIA VAN KOOY

Director, Bureau of Public Health Nursing, Madison, Wisconsin

Editor's Note: The Wisconsin State Department of Health has worked out a method of securing accurate information on all the public health nursing services and accomplishments in the state. With the information thus secured, Miss Cornelia Van Kooy, state director of public health nursing, has a complete picture of the state and local situations and material on hand which will be useful in interesting several groups. Following is the information showing method of compilation from one county.

COMPOSITE CHART OF ACTIVITIES OF COUNTY NURSES

TERRITORY AND COST

	County	
Area of county (sq. mi.).....	1,082	This information is compiled at headquarters and is of special interest to the members of the county board of supervisors, particularly where the county is large and the nurse from necessity cannot visit all parts of the county as frequently as the rural people expect her to.
Miles of all highway.....	528	
Miles of railroad.....	85.7	
Number of railroad towns.....	22	
Number, inland towns.....	1	
Valuation, 1926, all property (thous.)	\$25,617	
Population, 1926 census, Bu. Est....	25,460	
Approp. for office of county nurse..	\$2,600	
Cost per person.....	\$.102	

In at least two such instances, when presented before the county board members at their annual meeting, the showing of this composite chart has made possible the continuation of the public health nursing service.

POPULATION THE NURSE SERVES AND NUMBER OF NURSES NEEDED

Population of cities employing public health nurses other than county nurses.....	11,000	Information compiled at headquarters. County nurses do not work in cities employing a public health nurse unless this nurse carries a specialized program, in which case the county nurse takes care of the other services such as child welfare, tuberculosis, etc.
Number of such cities.....	1	
Population of cities over 2,500 visited by county nurse.....		
Number of such cities.....		
Balance rural population.....	14,460	
Number county nurses employed...	1	
Number public health nurses needed as recommended by American Public Health Association.....	7	

The Committee on Administrative Practice of the American Public Health Association recommends that in order to give adequate public health nursing service there should be, in addition to the general set-up of a well organized rural health department, at least one public health nurse for every 1,500 people in the county, and one public health nurse for every 2,000 people in the cities (using the ratio of one nurse to 2,000 population). By putting down the actual number of nurses employed and the nurses needed in a given territory it is easily explained why certain sections of the county could not be given service which may have been expected and which sometimes leads to a discussion in the county board that the office should be abolished because the nurse did not spend enough time in these sections of the county.

TIME ANALYSIS

	County	
Actual number months on duty....	11½	Compiled at headquarters from the nurses' annual reports.
Total hours on duty.....	2,549	
Number hours office work.....	535	
Number hours in homes.....	613	
Number hours in schools.....	503	
Number hours at health centers....	103	
Number hours travel and misc.....	795	

County nurses do not generally keep adequate records on time spent for certain services. In order to plan a growing program it is necessary that this information be more adequately

PUBLIC HEALTH NURSING FACTS FOR BOARDS OF HEALTH 487

kept in compiling the time analysis. It affords the county nurses opportunity to compare their time analysis with that of others.

ACTIVITIES

Compiled at headquarters from the annual reports.

Home Nursing

Number homes visited	656
Number patients visited	773
Home visits for:	
Maternity—child welfare	46
Medical—surgical	98
School health supervision	115
Communicable disease	459
Social service	56

Clinics and Health Centers

Number of visits	24
Attendance	
Maternal child welfare	284
Dental	
Chest	372
Other	

Meetings attended

Number addressed	28
Number classes taught	23
	1

School Nursing

Total number of schools	53
Total number pupils enrolled	2,386
Number of pupils inspected	3,933
Number examined by physicians	358
Number examined by dentists	
Number weighed and measured	2,333
Number 10% or more underweight	450
Number 20% or more overweight	31
Number defects found	6,970
Number defects corrected	2,384

This is of special interest to the nurses because it affords an opportunity to compare notes as to the activities in other counties. This part of the chart is applicable especially to women's clubs, city boards of health, boards of education, and all those having to do with the employment of public health nurses. It is particularly valuable at the present time when we stress the continuation of the Shepard-Towner work.

SPECIAL HEALTH PROJECTS

	County	
Number taking goiter prevention...	1,794	Compiled at headquarters from the annual
Number immunized T.A.T.	12	reports.
Number vaccinated		

This is of special interest to the physicians as it enumerates the various public health programs in operation.

Out of seventy-one counties, thirty-nine employ county nurses. Each county nurse has her own space on this composite chart. This chart is being printed and will be sent to each county nurse for her own information. We compile similar information concerning nurses employed by boards of education, city health departments, visiting nurse associations, and the nurses in the Indian Health Service employed by the State Board of Health.

With the permission of the American Public Health Association an abstract was made of Hiscock's Community Health Organization—A Suggested Plan for the Rural Community of 30,000 Population—as an aid to county nurses in visualizing a plan for a well organized, properly manned county health organization.

Following the annual meeting of the county board of supervisors we compiled a chart showing the general amount appropriated by them for the office of county nurse and amount allowed for salary, transportation, clerical help, office supplies, goiter prevention, toxin-antitoxin, child welfare, and other special funds. A copy of this compiled information for all counties is sent to each county nurse and the data are also used to explain to employing bodies the appropriations needed to carry on this office.

Health Restaurant for School Children

Miss Gertrude Eckhardt, public health nurse of the Mineral County Health Department, Keyser, West Virginia, sends us this interesting description by Miss Madelyn Bazzle of a clever health project initiated by her. Miss Bazzle is the teacher of an eight grade rural school in an isolated mining community in West Virginia.

IN my fourth grade Health Class I found the pupils' interest in health posters and slogans beginning to lag. I needed a new project to stimulate attention in the class. Acting upon a suggestion found in our text book, "Wake-up Town for Boys and Girls," we decided to establish a health restaurant. This was something entirely new to the pupils so every one became very much interested.

The Food

The first class discussion concerned the restaurants which the pupils had visited. The question at once arose, "Where are we to get our food?" We could not serve real food so we decided to secure colored pictures from magazines, of soups, cereals, vegetables, fruits, etc., as found in restaurants. This discussion was held on Monday, the day on which the fourth grade has class recitation in Health. The remaining four days, when the fourth grade has supervised study and seat work, magazines were brought in, and a general search followed. Some splendid pictures were found, cut out, and then pasted on cardboard with tabs of cardboard placed on the back so they would stand erect on the table. On the following Monday these were brought to class and the foods discussed. Some had found pictures of coffee, fried foods, pickles and other foods which the class ordered out of their restaurant, and in each case stated the reason why they were not being served.

The Table

Where were we to get a table? A boy volunteered to make it; a girl donated paint; and another a table cover. The third Monday they were back early at noon to get the table in order. It was very well made and

painted a light tan. The cover was placed on the table and all the foods placed on it. The plan for this day was to class our foods so that we might print our menus. We classed them as cereals, vegetables, salads, fruits, desserts and drinks. Class discussion was based on the menus. We decided to use 9 x 12 blue construction paper for



Your order, please?

the back with white paper of the same size on the inside. On the white paper we were to print the name and price of the food. Our margins and spacing were considered carefully.

And Arithmetic

The buying price of the foods had to be found out. We would have to pay other expenses to run our restaurant, so allowing a certain amount each month for items of expense we estimated what price we thought best on each food named. This filled our arithmetic program for at least two weeks and many questions and problems were settled.

One boy asked, "How are we to buy our food when we have no money?" The class then decided to take cardboard and make the coins—green paper was used for the dollar bills. The class became so enthusiastic about making the money that we would have become rather wealthy had I allowed more than two periods for it. Next we made the checks used in the restaurants with "Pay the Cashier" printed at the top and then two columns of figures printed down each side.

Breakfast Is Served

The following Monday we were ready to serve. Dishes, knives, forks, spoons and paper napkins were brought from home. One pupil was appointed customer, another clerk, and another cashier. At this point quite a bit of etiquette was taught, such as the proper way to set a table, and table manners. The first customer ordered breakfast while the clerk wrote his order on a pad. Then the clerk served the breakfast, bringing it in on a tray and placing it in the proper position on the table. The cost of the meal was estimated and the customer was given a check with the amount punched out. The customer paid the cashier and received his change. Now we were ready for our discussion. The questions arising were these: Did the cus-

tomers order the right food for breakfast? What other foods could he have ordered? Did the clerk list and spell the items correctly? Was the check estimated correctly? Did the customer receive the correct change? Did the customer have good manners? Other meals, lunch and dinner, were discussed in the same manner.

An Integrated Program

The whole school became intensely interested, every class wanting to have a health restaurant, but of course this was not allowed. The whole school wanted to take part and did take part in the lesson on "Table Manners." Not only the school but the community became very much interested, and quite a few of the patrons came down to see the restaurant they had heard so much about.

I was able to correlate the following subjects: Arithmetic and spelling as I have already explained; English, for we wrote quite a few letters and stories about our restaurant; and geography in finding where the foods came from. My first class consisted of six pupils, three boys and three girls, and they became so interested in their work that the three boys and one of the girls were neither absent nor tardy during the whole year. The class carrying on the plan for the second year has been equally enthusiastic.



*Your children are not your children.
They are the sons and daughters of Life's longing for itself.
They come through but not from you,
And though they are with you yet they belong not to you.
You may give them your love but not your thoughts,
For they have their own thoughts.
You may house their bodies, but not their souls,
For their souls dwell in the house of tomorrow, which you cannot visit,
not even in your dreams.
You may strive to be like them, but seek not to make them like you,
For life goes not backward nor tarries with yesterday.*

Kahlil Gibran

A School Nurse's Home Visit

*Demonstration Given at an Indiana Regional Conference by Gladyce Badger,
Washington County, and Matilda Leblinc, Jackson County,
Public Health Nurses*

Nurse—Good morning, Mrs. Smith.

Mother—Good morning (very curtly—opening the door but a little way).

Nurse—I'm Miss Brown, the County nurse.

Mother—You are?

Nurse—I'm all out of breath from climbing your high hill. I tried to drive up but my car wouldn't pull it. It certainly is a beautiful view up here. Have you lived here long, Mrs. Smith?

Mother—Yes. When I was a girl I lived in the next house and this is Mr. Smith's old home place.

Nurse—Oh, I think I must know of your husband. Is he the man that makes so much lovely furniture?

Mother—Yes, he makes right nice furniture.

Nurse—I have heard of him so much and have always wanted to see some of the furniture but never have had time.

Mother—(Opening the door wider) We have some here that he just finished. Would you like to see it?

Nurse—(Coming in and looking about) Oh! I'd like to see it. Did he make this table? (Smiles at the two little girls just home from school.)

Mother—Yes, he made all these things.

Nurse—Isn't that wonderful? I think I saw a bookcase like this over in the school.

Mother—Yes, he made that for the school Miss for a Christmas present. (Coughs as she dusts off a chair for the nurse to sit down.)

Nurse—You know I was over at school to-day and examined all the school children.

Mother—I wondered who that was over there but I kinda guessed that it was you when all the youngsters ran out to the pump to wash their hands and then the girls came home and said the nurse had been there.

Nurse—Yes, and I found that Mary cannot see as well as she should. Have you ever noticed any trouble with her eyes?

Mother—No. She reads all the time. I tell her she'd have her nose in a book all the time if I'd let her.

Nurse—Perhaps she reads too much. Does she ever complain of headaches?

Mother—Oh, yes, but she takes that after her paw. I usually give her aspirin and it stops aching.

Nurse—I'd be worried about those headaches, Mrs. Smith. I believe she is having real trouble with her eyes. She couldn't read the letters on the chart nearly as well as the other children. If you would like me to I will test her eyes now. (Takes off her coat and hat.)

Mother—Well, I don't care.

(Nurse measures 20 feet in the room and hangs eye chart. Instructs child to stand on mark and cover one eye with card. While she tests eyes mother watches carefully. Child can only read 70 foot line and bends forward, straining.)

Mother—Why, Mary, are you just showing off? Don't be bashful! Read for the lady.

Nurse—Oh, no—she isn't showing off, Mrs. Smith.

Mother—Well, I don't think anyone could see those little letters that far off.

Nurse—Yes, they can, Mrs. Smith. All the other pupils did. You try and see if you can read them yourself.

Mother—Yes, I'd like to try them. (Mother stands on mark as child had done and has her eyes tested. Much to her surprise she is able to read them all.) Well—I declare! Here I thought she was showing off and not trying, but I guess you are right and she can't see.

Nurse—I'm sure she is having trouble. If I were you I would take

her to an eye specialist and have her eyes examined.

Mother—I hate to put glasses on little kids.

Nurse—It may not mean that she will need glasses. At any rate, she should be examined now because if her trouble continues it may get very bad and perhaps impossible to correct. Do you suppose you could take her to an eye specialist?

Mother—I will talk it over with my man.

Nurse—I'd like to talk to Mr. Smith, too. If he comes to town on Saturday he might come to my office in the Court House.

Mother—Well, I'll tell him.

(Mother coughs again as the nurse takes down her chart and places it in her school bag.)

Nurse—You have something to be proud of and that is your children's teeth. Mary's teeth look perfect. Of course she might have some trouble which I couldn't see and it would be well to have a dentist look them over some time. Louise's teeth look very good, but one of her back teeth is dark, which might be a hole and if so should be filled.

Mother—Why nurse, don't you know this is still her baby tooth?

Nurse—Oh no, Mrs. Smith, that is a second tooth. Come here Louise and let me show your mother. (Louise comes up and opens her mouth for inspection. Nurse shows mother the six-year molar.) See, this is the tooth, Mrs. Smith. It came in when Louise was six years old and is supposed to stay with her all her life. You see, it is dark in the center and it may be a hole.

Mother—Well, if that is a second tooth I surely will take her to a dentist this Saturday. I had so much trouble with my own teeth that I want my girls to have good ones and not need to bother with false ones.

Nurse—I'm so glad you feel that way about it and appreciate what it means to your children. Well, I must be going as I have some more calls to make. (Nurse rises and puts on coat

preparing to leave.) I'll be anxious to know what the doctor says about Mary's eyes.

(Mother coughs again.)

Nurse—How long have you had that cough, Mrs. Smith?

Mother—I have been coughing like this for over two years. I had a bad spell of "flu" that year and the cough hangs on.

Nurse—Do you spit up anything?

Mother—Yes, I spit up considerable when I first get up.

Nurse—Ever have any lung trouble in your family?

Mother—Yes, my maw and grandpaw both died of consumption and I took care of them both.

Nurse—Did you ever have your lungs examined? Could you go to your doctor?

Mother—Law no! I can't go to that expense. We just buy medicine at the store. I have taken a whole tub full of medicine my friends recommend but peers like it don't get no better.

Nurse—I wonder if you would be interested in our clinic. We have a specialist—a man who just doctors lungs, you know. Perhaps you would like to come.

Mother—How much does he cost?

Nurse—Oh, it won't cost you anything. Do you remember those little seals they sell at Christmas time?

Mother—Yes, we buy some every year.

Nurse—Well, that money goes to pay for this clinic. Don't you think you could come?

Mother—No, I guess not.

Nurse—(Picks up bag and moves to door.) Well, I certainly am glad I could call and see you, Mrs. Smith. Perhaps I will call again some day.

Mother—Yes, do stop in again when you are this way. I'm real pleased to know you.

Nurse—Goodbye, girls. I'll see you soon again at school.

Mother—(Calls out)—When did you say that lung doctor has a clinic?

Nurse—On the 23rd, but I'll send you a card to remind you again. Well, goodbye.

Mother—Goodbye.

Invading the Rights of the Home

By JENNIE MACMASTER, R.N.

OF all the various new ventures which the first nurse in a school system institutes, it seems strange that the one at which the authorities shy the longest should be the home visit. At least this home-visit-shyness is surprising until we sift the arguments down to that old, undisodgeable bugbear, "the constitutional rights of the home." They fear that the nurse may invade these precious "rights." Do they forget the rights of the child?

When we compel children to attend school, do we not automatically assume two responsibilities: one to the child, and one to the school district? We owe it to the child to see that he may pursue his compulsory education under the least possible exposure to disease; and it behooves us also to save the school district expenditures on "repeated" grades which might be eliminated through physical corrections.

The very simplest means of fulfilling these two responsibilities requires home visits. As an example of the great value *one* home visit may prove to be, the following is not unusual:

During class-room inspection it was discovered that Susan had a suspicious-looking throat. When the nurse took her home, she found the mother sick in bed with a throat much worse than her little daughter's. The father was walking the floor of a cluttered kitchen with an infant in his arms. Two small children were playing in their mother's room, and there were three others in school. Hastily instructing the father about isolation precautions, the nurse, having learned that the family had no regular physician, notified the health officer, and hurried to school to exclude the other children. That house was put under quarantine, the family given medical attention, and measures were taken to protect the four exposed school rooms.

An invasion of the rights of the home? Hardly! Rather a protection to all concerned.

In a certain district, Mary Ann had dragged through six years of school, and had partially accomplished three grades. About the time when she began the fourth grade, a

nurse was introduced into the school district; but it was not until this new nurse had paid numerous visits to Mary Ann's overpopulated home, and had offered endless arguments, that the child's tonsils and adenoids were removed. Today, Mary Ann, though still not a brilliant pupil, is ready for Junior High—and she has not repeated since the third grade.

LINKING HOME AND SCHOOL

Aside from its importance in the program of safeguarding the school child's health and in securing the correction of retarding physical defects, the nurse's home visit is frequently the means of creating a better understanding between home and school. Consider the case of Tom Brown and his father:

The nurse called at the Brown home to discuss certain physical defects under which Tom labored. It took only a few minutes to persuade the parents to consult a physician; but in that few minutes the father, who happened to be at home, found the courage to inquire about Tom's school work and about his teacher. When the nurse suggested that he visit the school and meet the teacher, Mr. Brown explained, "You see, nurse, I never had much schoolin' an' I want that my boy should have a good one. If I just knew that he learned and didn't give no trouble, I'd feel a heap better. You see, I never learned an' I don't know nothin' about it. If I could go to school an' see, seems like it would be different."

Soon after the nurse's visit, he overcame that fear. He did not develop into a frequent visitor, but he called often enough to somewhat bridge the gap between his son's home life and that vaguely understood school life which offered the boy such great opportunities of superiority.

The situations which the nurse meets are as varied as the homes which she visits. Sometimes she stumbles into situations which require as careful adjustment as the very tiniest watch.

Sam Jones had a defective vision, but his chief difficulty was a nervous inability to concentrate. At home the nurse found a little imbecile brother who wrecked the

home and the entire family life to an appalling degree. Sam had no memory of a normal home life.

Following a round of doctors, the little imbecile brother was taken to a state hospital; while Sam, in addition to finding himself in entirely different home surroundings, has newly discovered two parents who, relieved of their terrible burden, can at last prove themselves to their long-cheated normal boy.

By what stretch of the imagination

or twisting of facts could one possibly call this an invasion of the rights of the home?

No, the home visit is a very necessary part of the school nurse's work. It not only safeguards the child's health and saves the school district countless repeated grades, but it creates general good feeling between home and school and all agencies involved.

ORGANIZATION FOR LUNCH IN A RURAL SCHOOL

In our April number we outlined the accomplishments of the Parent-Teacher Association in county health work in the San Joaquin Local Health District in California. Miss Helen Hartley sends us the details of organization for a rural school lunch, written by the teacher of the school.

2 cooks—Set water on at 9:00 when needed. Prepare vegetables, etc., at 10:00 (20 minutes).

Finish to taste with teacher at 11:00. Serve 3 days. Average time, 30 minutes.

2 waiters—15 minutes—serve and clear desks.

2 dishwashers—30 to 35 minutes.

2 checkers—15 minutes—list names of pupils who receive food.

Rotate from bottom up, omitting boys for duties as cooks. Boys and girls alike as waiters, checkers and dishwashers. (Boy volunteers.)

Enrollment 79. All dishes 4¢ each, payable one week in advance. No profit is taken, as all surplus is put into food. All foods obtainable from pupils' homes are bought—such as vegetables and fresh whole milk. Ninety per cent of pupils who bring lunch take the dishes. Fifty-five to 60 per cent of the school are steady customers.

The president of the Civics Club appoints cooks, etc., for their work, running from eighth year to fifth year pupils, inclusive. Checkers report names of customers to treasurer and bookkeeper daily for servings and for financial reasons.

Women teachers alternate weekly supervision of kitchen and supplies and menus. Hereafter we hope for practically 100 per cent pupil responsibility for details.

EQUIPMENT

Equipment consists of 2-burner electric plate, kettles, soup bowls, cups, spoons, and kitchen cabinet. These are furnished by the District which also pays electric charges.

All soap, cleaners, dish cloths, etc., are counted with foodstuffs in the cost of food.

LUNCH COST ANALYSIS OF HOT FOOD PREPARED FOR ONE WEEK

	Servings	Costs
Pea soup	47	\$.45
ABC soup	45	.45
Beans	45	1.25
Soup (chicken) (part donated)	52	1.80
Chocolate	45	2.18
	234	6.13
		\$.0262 each

Ramsey Rural School—the only rural school in the county with electric lights—is now serving hot lunches from two electric plates. Even town schools should sit up and take notice of this modern convenience. Twenty-eight pupils are enrolled here and have had hot lunches by means of a kerosene stove for a number of years. Some of the other features of this school are a basement, furnace, pump in the basement, and a piano. Last year the school was 100 per cent for diphtheria toxin-antitoxin, having the doctor come out there to give it. None of the children were as much as 10 per cent underweight. This school has a very active Parent-Teachers Association. It is indeed encouraging to visit such a progressive rural school.

Helen McGillivray, Mower County Nurse, Austin—Bulletin of the Division of Child Hygiene, Minnesota Department of Health.

COUNTY SCHOOL FOR CRIPPLED CHILDREN *

IN every county there are crippled children; the number is greater than one would think without a careful study of actual conditions. But in most counties very little is done for them—and yet it is in the rural districts that the need is greatest. It is about a county-wide school, caring for crippled children of the rural districts, that I wish to tell you.

Belmont County School for Crippled Children is now in its third year. To this school, located at Barnesville, Ohio, some 20 crippled boys and girls are brought from 13 communities, most of them gathered in by the county nurse. They, together with five local children, make up the enrollment.

They stay in Barnesville from Monday morning till Friday night in boarding homes; they are enrolled in all eight grades, under the supervision of two most capable teachers, and they are getting a training that will make of them properly educated citizens.

What has been done in one county can be done in any other. Certain contributing factors make success possible. I have listed seven such factors—by no means all of them.

The county health commissioner and his aides. Through this office clinics are best conducted, cases suitable for such a school are found, and the initial enrollment made. Through this office, after the class is organized, health examinations and records are made regularly, and a constant watch is kept on the physical condition of the pupils. Also the office is ready to act as a special attendance officer, and help get pupils back to school when absent.

The county superintendent of schools, the board of education, and the superintendent of schools of the community. The board of education, particularly, must be favorable to the idea. It must provide suitable rooms and advance money in payment of bills, to be reimbursed at the end of the year by the State Department of Education, in accordance with law. It must give the superintendent

ent its support. The superintendent is the one who must see the thing through.

The Rotary Club or similar organization interested in this work. A school for crippled children can flourish better in any community where some such group stands ready to respond to calls for help.

The State Departments of Health, Education, and Welfare. These departments have much to do with shaping the course of the special class and its pupils. The department of education is of special importance in that it pays the bills. Also it helps collect the tuition; sometimes is called upon to visit parents or boarding homes; and to see that the whole project is kept up to standard.

The parents of the children. Many of them are foreign; in many cases the child has never been away from home before. So it is necessary to obtain their coöperation that they may help to keep the children happy and contented. If possible, the parents must pay for books, clothing, and transportation.

The mothers of the boarding homes. They are paid for their services, but only a real mother heart can take into her home three or four of these crippled ones. Good meals, good beds, proper observance of study hours, discipline when necessary, occasional good times, and a sympathetic attitude toward the many childish cares—all these things they are called upon to do. I thought they would be hard to find but in these three years we have had excellent homes for the children and a waiting list of women who want to take new pupils as they come in.

The teacher. She is the keystone of the entire structure. She must be alert, well trained, and ready to get the most out of the word "service." It is no job for an old teacher ready to take a rest, for to do the thing well she must be ready to respond to more calls than almost any other teacher in the entire staff.

A successful county school for crippled children needs the whole-hearted coöperation of every one of these groups—alive to the need, ready to try, inspired with the ideal of service. And the remarkable thing about it is that it is usually so easy to secure this coöperation.

* Abstract of paper by Paul V. Brown, Superintendent of Public Schools, Barnesville, Ohio, given at a meeting of the Ohio Society for Crippled Children, February, 1929.

Staff Education in Tuberculosis Nursing

By EVA J. McKEOWN

Supervisor of Tuberculosis Work, Visiting Nurse Association, New Haven, Connecticut

REALIZING that many nurses were coming to us with no experience in tuberculosis nursing and practically no knowledge of the disease or its prevention, it became imperative to educate the generalized staff here in New Haven in this phase of public health nursing.

Each group of new nurses has four introductory lectures given by the supervisor of tuberculosis work. The nature of the disease, sources of infection, and routine procedures are discussed, as well as the state and local tuberculosis program. A required reading list is given and they are encouraged to read the current literature.

Each nurse spends one week in the tuberculosis clinic in the New Haven Dispensary where she sees the patient examined, hears the discussion by the physician at the time the patient's history is taken and the advice given. She also hears the discussion on the X-ray pictures, and is present when the specialist explains the case to the medical student who assists him. As routine stereoscopic films are taken at periodic intervals on all patients, the many series afford splendid opportunities for teaching. Routine neck, chest and abdominal stereoscopic films are taken on children under six years of age who have positive reaction from the tuberculin test (O.T.) and on many who show negative reactions. The specialists spend considerable time explaining the history and findings to the nurse and she has access to the files so she gains many talking points for her follow-up work to the tuberculosis patients and the contacts.

Each new group of nurses visits the nearest state sanatorium, Laurel Heights. The Superintendent, Dr. Edward J. Lynch, gives an illustrated lecture on pulmonary tuberculosis,

using a series of X-ray films which he has collected over a period of many years. He then demonstrates the giving of artificial pneumothorax in the operating room. The groups are taken through the building and grounds, concluding with tea in the nurses' dining room where informal discussions and questions follow.

THROUGH STAFF CONFERENCES

The tuberculosis supervisor holds a weekly round table for the nurses in each department. She starts the discussion by reporting some new or interesting development in tuberculosis work, or she may give a digest of some recent publication in the *American Review of Tuberculosis* or in the *Journal of the American Medical Association* or in any other current publication. She sometimes gives a brief review of some book on tuberculosis or general health which has just been added to the library of the Visiting Nurse Association. During the remainder of the time, the nurses report on the tuberculosis work they have done during the week, discussing their problems and new developments in their families with the specialized supervisor. Frequent individual conferences are also held with the staff nurses when they need help with special problems. The supervisor also goes into the district with the staff nurses three afternoons each week. The formal round tables keep the specialized supervisor in touch with the work in each department and are of educational value to the whole group, especially the new nurses and students. They thus learn how to present their cases clearly and how to use the coöperating agencies.

Through the weekly round table discussions and reports at staff meetings, desire for more knowledge of tuberculosis was stimulated so that when

questionnaires were sent out last autumn asking the nurses for suggestions on subjects for the staff meetings, the majority of those returned requested a course of lectures on tuberculosis.

A SERIES OF LECTURES

Dr. Herbert R. Edwards, Director of the Bureau of Tuberculosis in the Department of Health, was asked to conduct a series of nine lectures at the weekly staff meetings. He prepared the outlines of the lectures and invited five of the well-known specialists of Connecticut to assist him. Each man had the outline for the whole course so there was no overlapping. The Brady Laboratory and the School of Public Health in Yale Medical School coöperated in giving us a series of demonstrations on staining slides and microscopic examinations of the tubercle bacillus, types of tubercle bacilli growth on culture media, as well as animal inoculation. Gross specimens were shown and explained and a series of typical X-ray films were also explained.

In response to requests from the staff nurses, Dr. Edwards is conducting a seminar for the nurses who wish to come out for an evening meeting once in two weeks. The nurses report on magazine articles or on different phases of the tuberculosis program and informal discussions follow.

HOSPITAL EXPERIENCE

Following these lectures, arrangements were made with Dr. Willard B. Soper, Superintendent of William Wirt Winchester Tuberculosis Hos-

pital, for a week of post-graduate work for each staff nurse interested, at the rate of two nurses each week. This experience has proved to be of real educational value. Just enough routine ward work is included to give the nurses an opportunity to become familiar with the psychology of the tuberculous patients. The nurses make daily rounds with the doctors, see the treatments given, witness many pneumothorax treatments and fluoroscopic examinations and may see the autopsies if there are any. Each nurse who has asked to see a phrenicotomy operation has been able to see one. Miss Brown, Superintendent of Nurses, and Miss Tourtellot, her assistant, hold afternoon lectures and discussions for the nurses and direct the selections of their reading. Our nurses attend the medical staff meeting when all new cases are discussed in the X-ray reading room and the regular Monday evening lecture, conducted by one of the resident physicians, for the nurses at the Sanatorium.

We are endeavoring to do better tuberculosis nursing in New Haven. Because of our close connection with the Board of Health we have the splendid leadership of the Director of the Bureau of Tuberculosis, and we want to increase our body of knowledge so we can develop the content of our visits to the highest degree possible. If we can continue to stimulate the interest of the nurses in the current literature, and if we can repeat the whole plan as outlined each year, the tuberculosis program in New Haven will progress.



In a study being carried on among rural school children in Massachusetts, to determine the relation of food consumption to health—with emphasis on dental conditions—the children were asked to report on the contents of their lunch boxes. Two little girls of 8 and 9 reported in lieu of contents, "No lunch—reducing"!

School Health Inspection

BY OLIVIA T. PETERSON

Superintendent of Public Health Nursing, Minnesota

THE teacher is to be notified of the nurse's visit to school, and in turn will notify the parents of the nurse's visit that they might be urged to be present.

EQUIPMENT

Scales (portable scales suggested)
Equipment bag
Measuring tape with height and weight scale
A triangular piece of wood or crayon box
Tongue blades
Paper bags
Vision testing chart
Paper towels
Acoumeter
Oblong pieces of stiff paper, 3 x 5 inches
Dark green cardboard for eye chart
String 20 feet long for measuring (or yard stick)
Pupils health record
Teachers' record of pupils' physical condition
Notification slips
Unclean head slips
Health literature
Percentage chart
Thumb tacks

PROCEDURE

Whenever possible the inspection should be made in a separate room from the class room. When class room must be used place eye chart where there will be no shadows or glare of light and where the child will not face the windows. Then measure accurately your distance of 20 feet, using measuring string. Place the measuring rod or tape against a smooth wall or door and set your scales near by. (Note: In order to have the scales stand evenly on the floor, place them parallel with the boards of the floor.)

Having completed the arrangement of the above equipment, the nurse now proceeds to open her school bag, then washes her hands. She then removes apron from bag and puts it on. Takes out her paper towel on which she places the number of tongue depressors she expects to use.

Nurse may now give a short informal talk to the pupils to put them at their ease and so gain their confidence. Explain to them the general procedure of the inspection and in order to save time, request them to have their shoes unlaced, ready to slip off when they come to be weighed and measured.

Teacher gets ready to assist with the recording on the regular inspection cards.

Fill in child's history
Date of inspection
Name of school or number in district
Age of child

Teacher may also assist with weighing and measuring if she wishes. It is usually well to consult with the teacher which grade should be inspected first, and then proceed with the complete inspection of each child. Do not handle children any more than necessary.

In weighing:

Test scales before beginning work.
Have child remove all outdoor garments, including sweaters and coats, as well as shoes.
Child should stand firmly in center of platform scales.

In measuring:

Child should stand with heels together, arms at side, head up, and back turned to measuring rod. Use the triangular piece of wood or crayon box over child's head. (At this time it is well to observe the child's posture.) Take age to nearest birthday — height to nearest inch.

Vision testing:

Method of using eye chart:
Distance between chart and child should be twenty feet. (Measure accurately.)
Chalk line drawn for child to stand on.
Chart should be level with child's eyes.
Chart is hung on the wall where there is good light, but no glare or shadow.

Each eye should be tested separately with opposite eye covered (a clean oblong piece of stiff paper should be used for each child—avoid any pressure on the eye-ball).

The Symbol E chart could be used for all grades of children. (Demonstrate testing of older child as well as the very young child.) The degree of visual acuity is expressed by a fraction, the numerator being the actual distance of the child from the chart, and the denominator being the number of the line last read.

Eyes

Note abnormalities:

Discharge, granulated lids, ingrown lashes, styes, crossed eyes (strabismus), inflamed.

Ear Inspections

Method:

Room quiet.

Test each ear separately.

Child should turn its back to nurse, placing the hand over the ear not tested. If a whisper is used, stand 20 feet behind the listener and make a loud whisper. Child repeats what he hears. Testing with an acoumeter is a more reliable test. If a watch is used, place it in line with the ear. Move it slowly away from the ear. Child nods while he hears tick. (Note—Average watch should be heard at 2 feet.)

Note ear abnormalities: Discharge, pain in or near ear.

Teeth

Note:

Decay of temporary and permanent teeth
Irregularity
Marked protrusion of upper lip
Offensive breath
Swollen or receding gums
Toothache
Tartar formation
Uncleanliness

Nose Inspection

Method: Have child turn head upward.

Note abnormalities:

Discharge—profuse and with bad odor
Dull facial expression
Frequent colds
Inability to breathe through each nostril
Mouth held open
Nasal voice
Nose bleed—profuse or frequent.

Throat

Method:

Have child stand with head thrown back so as to get a good view of mouth and throat. (Flashlights are often more effective than daylight.)

Have child relaxed by winning his interest in another direction.

Use *individual* tongue depressors.

Be careful not to press too forcefully on tongue.

Place tongue depressor, after use, in paper bag, and see that all are burned after completing the school inspection.

Note abnormalities:

Inflammation, patches, tonsils ragged, spongy, evidence of discharge, swollen.

Skin

Have child roll up sleeves to elbow and open shirt or dress at neck.

Child extends both arms and turns them from side to side while nurse observes. Following this the child pushes the hair back away from one ear so as to give the nurse an opportunity to see if there are any signs of pediculosis.

Skin abnormalities:

Color—pale, sallow

Condition—moist, dry, rough, and spotted

Eruptions

Pediculosis

Sores

Lungs and Heart

Nurse must look for general symptoms in regard to the above such as:

Apathy, blue lips and nails, circles under eyes, dyspnea, marked fatigue, rapid or frequent pulse, pale mucous membrane.

Nerves

Note muscular twitchings and other nervous symptoms.

Lymph Nodes

Note obvious swellings on sides of neck.

Thyroid

Method:

Have child throw head slightly back in order to note any enlargement of the thyroid gland.

Also have child swallow in order to note fluctuation of any enlarged gland.

Posture

This may be observed when the child is being weighed and measured as

well as when the child comes forward and returns from inspection. Note these abnormalities:

- Drooping or contracted chest
- Lameness
- Marked toeing out
- Protruding abdomen
- Slouchy shuffling gait
- Spinal curvature
- Standing on sides of feet
- Unequal height of shoulders

When the inspection is completed the nurse should use caution against informing the child of any grave abnormalities which she may have found or suspects. In speaking of any defect it should always be with the suggestion that it can be set right. Handicaps due to wrong habits can often be discussed quite freely with the child except

where poverty is involved, and the child is unable to change conditions due to poor food, scanty clothing and poor housing conditions.

A record of the school inspection should be left with the teacher, and if time permits, fill in the notification slips to parents before leaving school. Nurse should have a conference with the teacher in regard to her findings as well as any recommendations she wishes to make. Before leaving the school, the nurse should complete her sanitary survey of the school and grounds and record on the regular form.

A visit to the home is always advisable in order to note the child's environment and to discuss the child's defects or handicaps with the parents.

NOTES FROM THE I.C.N. CONGRESS

Notes on Public Health Nursing Activities from the Reports of the Affiliated Organizations of the International Council of Nurses

BELGIUM

The following interesting proposals were adopted at the Annual General Meeting of the National Federation of Nurses in 1928:

That courses for nurse lecturers in public speaking—theory and practice—and in elocution should be organized by the associations under expert management.

That the report on the organization of school nursing, read at the meeting, the discussion following it and the report on the transference of the health record sheet to each department with which the child comes in contact, be published. It is particularly recommended that the school nurse should always be a *fully trained nurse*.

That professional ethics should be strictly adhered to and the uniform worn correctly.

That every endeavor should be made to improve the social and economic position of nurses in hospital and public health work.

BULGARIA

In December, 1928, with the assistance of the Rockefeller Foundation, the Department of Public Health opened its Health Center with departments for Child Welfare Work, Prenatal Work, School Work, Tuberculosis and Venereal Diseases. The Center has a doctor as director and four public health nurses with post-graduate training. The increasing demand for urban child welfare centers throughout Bulgaria makes the need for more public health nurses increasingly apparent.

CANADA

Some developments in public health nursing are:

The preparation of health exhibits illustrative of public health nursing work carried on in individual provinces.

Introduction of health instruction through radio talks, traveling clinics and Red Cross Outposts as a means of supplying a service to isolated districts; also health cars attached to farming trains and summer camps.

Training of visiting housekeepers in one of the largest cities.

Establishment of a Division of Industrial Hygiene in the Department of Hygiene and Preventive Medicine at McGill University and the opening of an Industrial Clinic at the Montreal General Hospital.

Refresher courses for graduate nurses. Granting of fellowships to a number of nurses for the study of Mental and Child Hygiene, also Parental Education and Child Development.

Publication of histories of public health nursing under the direction of the Public Health Nursing Sections.

CHINA**Recent developments:**

A public health center has been established in Peiping where nurses are trained in public health nursing and from there sent out to start the work in other cities. Male nurses are also trained at the center in industrial nursing. A maternity center has been started, where nurses receive special training. This year a course in school nursing will also be opened here. Other courses are being planned in other cities. In about twenty of our schools of nursing midwifery has been given—a post-graduate course to graduate nurses only.

The Ministry of Health has been established at Nanking and will have the direction of all national health work, including the registration of nurses and midwives.

CUBA

The last branch of nursing to be established in Cuba is school nursing. The Department of Health has instructed the medical officer in charge of school nursing to give a short course of lectures to the nurses who were going to take up the work.

DENMARK

During the last four years the Danish Council of Nurses has been responsible for the publication of several books, among these being a text and reference book for nurses, prepared by members of the medical and nursing professions in collaboration. The most recent book published by the Danish Council is "The History of Nursing in Denmark," by Miss Cornelia Petersen, which gives a description of nursing conditions from antiquity to the present time.

FINLAND

A club for nurses with spacious headquarters and home facilities both for private duty nurses and for those who have retired from work, and a hall for meetings, has been provided.

The series of nursing text books edited by the Association has been completed by means of a sixth volume, a History of Nursing.

FRANCE

At the meeting of the "Etats Généraux du Féminisme" it was decided on the recommendation of the National Association of Trained Nurses of France:

"That Parliament each year shall vote a large enough subsidy to establish public health nurses to combat social scourges in all districts of France, paying them salaries worthy of their services and in proportion to the present cost of living.

"That this subsidy or special fund shall be available for the establishment of scholarships for public health nurses and social workers, graduated from schools approved by the Ministry of Labor and Hygiene.

"That all local authorities shall include in their budgets a subsidy in proportion to the needs of their department in view of the establishment of a general service of public health nursing for each district (training of public health nurses; salaries)."

HOLLAND

A proposal has been submitted to the Minister of Labor and to members of Parliament, asking that pensions should be granted to nurses at the age of fifty-five instead of sixty-five years. The Minister of Labor recently stated in Parliament that he was in favor of this scheme.

INDIA

Affiliated to the Trained Nurses' Association of India is a Midwives' Union with a membership of 60, all holding a certificate which allows them to practise as midwives. Also a Health Visitors' League, with a membership of 50, all of whom hold the Health Visitor's Certificate.

IRISH FREE STATE

Considerable progress is being made throughout the country with regard to public health work which is, to a large extent, being carried out by District Nursing Societies. The policy of the Department of Local Government and Public Health has been to encourage and assist voluntary agencies and voluntary effort in rural areas rather than to establish state services.

NEW ZEALAND

Under the new regulations of the Nurses and Midwives Act midwives are to have a longer and more intensive training, the previous training enabling the student only to be registered as a maternity nurse. This means now that:

A trained nurse with six months' training registers as a maternity nurse.

A trained nurse with eight months' training registers as a midwife.

An unregistered woman with one year's training registers as a maternity nurse.

A woman with one year's maternity training plus one additional year's experience with twelve cases in private practice and four months' post-graduate training registers as a midwife.

The Association, while taking the keenest interest in this new scheme, has not been able to give it whole hearted support. A better plan would doubtless have been to extend and intensify the original midwifery training, without creating a "maternity nurse."

POLAND

Out of the 350 nurses graduated up to 1929, 40 per cent are engaged in public health nursing. The staff of all our schools of nursing is now composed of Polish nurses.

One of the most significant features of the development of public health work is the establishment of seven health centers in Warsaw and of seventeen rural centers. This work is directed by Polish medical officers who have had foreign experience, and by nurses.

SOUTH AFRICA

The first Mothercraft Training Center has been established in the Union of South Africa under the auspices of the National Council of Child Welfare. Members of the Nurses Association are active workers on the managing committee. They, with members of the medical profession, form a Technical Standing Committee for the Union. The Center offers a post-graduate course of four months for trained nurses and six months for trained midwives. The Nurses Association is steadily pressing for the principle that school nurses, health visitors, district nurses and child welfare nurses should hold this additional qualification. The principle is gradually being recognized.

Only those who saw the serene beauty of Sister Bergliot Larsson will fully appreciate the concluding sentence of her report of the Norwegian Nurses Association, "*May we live up to the rules of love.*"

ACCOMPLISHMENTS SINCE 1925

The I.C.N. meeting emphasized the fact that in all countries problems are similar, and the same forces at work. Report showed that since the Helsingfors Congress:

- 16 countries had made progress in the educational standards of schools of nursing;
- 13 countries reported efforts to secure improved legislation for inspection of schools, nurse practice acts, and registration;
- 8 countries reported standardization and publication of nursing textbooks;
- 9 countries reported plans under way, or completed, for insurance and pension acts;
- 6 countries reported raising special funds for fellowships, scholarships, sick benefits;
- 5 countries reported the establishment of a nursing journal;
- 16 countries reported development in public health nursing;
- 5 countries reported surveys, studies or analyses of nursing conditions within their own boundaries;
- 4 countries reported new national headquarters.

ATTENDANCE AT THE CONGRESS OF THE INTERNATIONAL COUNCIL OF NURSES, MONTREAL, JULY, 1929

Canada	2,822	Greece	1
United States, including		Hayti	2
Porto Rico	3,037	Holland	11
<i>Overseas</i>		Hungary	1
Australia	6	India	5
Belgium	9	Irish Free State	1
Bermuda	2	Italy	2
Brazil	7	Japan	5
Bulgaria	2	Korea	4
China	13	New Zealand	7
Cuba	3	Norway	11
Denmark	8	Philippines	5
Finland	33	Poland	4
France	19	Roumania	1
Germany	4	South Africa	7
Great Britain		Sweden	7
England	125	Switzerland	9
Scotland	39	Jugoslavia	1
North Ireland	2		354
	166	Grand Total,	6,213

ACTIVITIES of the NATIONAL ORGANIZATION FOR PUBLIC HEALTH NURSING, INC.

Edited by KATHARINE TUCKER

PERTINENT FACTS RELATIVE TO SALARIES OF PUBLIC HEALTH NURSES

By LOUISE TATTERSHALL

(Continued from the August number)

BOARDS OF EDUCATION

School nursing services which are administered by boards of education have standards and policies which follow those of the general educational system. For this reason the standards and policies set up by boards of education for their nursing services differ in some respects from those set up by health departments and public health nursing associations.

TIME ON DUTY

Nurses under boards of education go on duty in the morning between 8 and 9 o'clock and go off duty in the afternoon between 3 and 5 o'clock. The hours between which nurses throughout the United States are on duty for school nursing are given in the following table:

DAILY HOURS ON DUTY OF NURSE UNDER BOARDS OF EDUCATION
MONDAY THROUGH FRIDAY

Hour on duty in the morning	Total number of agencies reporting	Hour off duty in the afternoon						
		Number of boards reporting						
		3:00	3:30	3:45	4:00	4:30	4:45	5:00
Total	82	4	8	2	29	14	3	22
8:00	19	..	..	..	7	3	..	9
8:15	1	..	..	..	..	..	1	..
8:30	28	1	3	1	8	7	1	7
8:45	8	..	..	1	4	1	..	2
9:00	26	3	5	..	10	3	1	4

Thirty-seven of the 128 boards reporting require nurses to be on duty Saturday morning, the remaining 91 boards do not have nurses report for work on Saturday, but the nurses may be asked in an emergency to do some work. The practice of having school nurses on duty Saturday is more prevalent in cities of 100,000 than it is in cities of less population, for 63 per cent of the boards in cities of 100,000 or more report that nurses are required to work Saturday morning, while only 20 per cent of the boards in cities of less than 100,000 require their nurses to work Saturday morning.

The hours at which nurses go on duty and come off duty on Saturday are as follows:

Time on duty	Boards reporting	throughout the country, one hour being the usual time. The time allowed is as follows:
Total	20	
8:00 A.M.	4	
8:30 A.M.	3	
9:00 A.M.	13	
Time off duty	Boards reporting	Length of lunch period
12 Noon	18	Total
1:00 P.M.	2	1/2 or 3/4 hr.
		1 hour
		1 1/4 to 1 1/2 hr.
		2 hours

The length of time allowed school nurses for lunch is much the same

The number of hours a week, exclusive of lunch, nurses under boards of education work is from 25 to 44. The average number of hours' work in a week for these nurses is 33.7. The number of working hours in a week, exclusive of lunch time, for the boards reporting is as follows:

Working hours in a week exclusive of lunch time	Boards reporting
Total	111
25-29	21
30-34	36
35-39	39
40-44	15

Nurses under boards of education are usually on duty for 5 days in the week, Monday through Friday, they go on duty at 8:30 in the morning and work till 4:00 o'clock in the afternoon. They are allowed one hour for lunch and work on the average 33.7 hours in the week.

YEARLY VACATION

Many boards of education employ nurses, as they do teachers, for the period of the school term only and payment of salary is made for this length of time and not for a 12-month period. For these agencies there would be no question as to allowance for vacation. Other boards of education pay their nurses over a 12 months' period and here there is a question of what is the length of the yearly vacations.

Of the 124 boards reporting as to the basis of payment of school nurses, 83 paid for the period of the school term and 41 paid over a 12 months' period. Only 33 of these 41 boards stated how much time is given in a year for vacation with salary. The time given is:

Length of vacation	Boards reporting
2 weeks	2
3 weeks	1
1 month	19
6 weeks	2
2 months	5
3 months	4

SICK LEAVE

One hundred and eighteen boards of education give information as to their

policy for leave of absence because of sickness:

- 16 state they have no definite policy.
- 9 state that sick leave is allowed for a reasonable time with full salary.
- 93 have definite policies.

The definite plans for sick leave are grouped under three headings.

Sick leave with full salary	51 boards
Time allowed	Boards reporting
3 to 5 days	13
6 to 10 days	25
11 to 15 days	8
20 days	1
25 days	1
30 days	2
2 months	1

Seven of these agencies stipulated that unused sick leave in a year may accumulate from year to year. The arrangements under which unused time may accumulate are:

For yearly allowance of 10 days' sick leave—

- Accumulate for 1 year
- for 2 years
- for 5 years
- up to 30 days
- unspecified time

For yearly allowance of 5 days' sick leave—

- Accumulate for 5 years
- up to 20 days

Sick leave at full and part salary 25 boards

5 days' leave at full salary, additional time at one-half salary.

Additional time	Boards reporting
5 days	3
10 days	1
15 days	2
35 days	1
60 days	1

5 days' leave at full salary, additional time other arrangements.

Additional time—

- 5 days at 60% deduction from salary,
- 5 more at 80% deduction
- 10 days, deduction of \$1 a day; 11 to 100 days, \$2 a day deducted
- 3 months at 33⅓% deduction from salary
- Period not stated at 33⅓% deduction from salary
- 20 days, salary of substitute deducted from salary
- 12 weeks, salary of substitute deducted from salary
- Period not stated salary of substitute deducted from salary

A BIBLIOGRAPHY FOR SCHOOL NURSES

PREPARED BY BEATRICE SHORT

Do you make full use of the bibliography in this issue prepared for you with your special interests in mind? Read it over when considering your program for next year, it may have some suggestions for you. Perhaps you are hindered in developing some phase of school health work in your community because the superintendent, the principal, teachers or school patrons are not *sold* to the idea. Pass on some of these articles to them—suppose you say to one of the teachers, "Here's an idea for a project which we might be able to carry out," or to your superintendent, "Doesn't this seem like a good way to make a health program more effective?"

A FEW INDISPENSABLE BOOKS

- Public Health Nursing.** Mary S. Gardner. The Macmillan Company, 1924. \$3.00.
- Health Supervision and Medical Inspection of Schools.** Wood and Rowell. W. B. Saunders Company. \$7.50.
- Manual of Public Health Nursing.** N.O. P.H.N. The Macmillan Company. \$1.10.
- Child Hygiene.** S. Josephine Baker. Harper Bros. \$5.00.
- Social Work a Family Builder.** Harriet Townsend. W. B. Saunders Company. \$2.25.
- Health Education: A Program for Public Schools and Teacher Training Institutions.** The Report of the Joint Committee of the National Education Association and the American Medical Association.
- Your Mind and You: Mental Health.** George K. Pratt. Funk & Wagnalls Co.
- Personality and Social Adjustments.** Ernest R. Groves. Longmans, Green & Company. \$2.75.
- Habit Training for Children.** Douglas A. Thom, and others. National Committee for Mental Hygiene, 370 Seventh Avenue, New York. \$1.00 per copy.
- Handbook for Positive Health.** Women's Foundation for Health, 370 Seventh Avenue, New York City. Revised. \$1.50.
- The nurse doing rural work should add **Rural School Nursing**, an Outline for Red Cross Public Health Nurses. For the nurse doing parochial school work, **Medical Supervision in Catholic Schools**, by Mary E. Spencer.

OTHER BOOKS FROM WHICH TO CHOOSE

Most of the books and pamphlets listed below have been published since September, 1928. Our new readers are referred to the list which appeared in our issue of that date.

Orders should be sent to the publishers or to the Book Service Department of The American Public Health Association, 370 Seventh Avenue, New York.

- The Physical Welfare of the School Child.** Charles H. Keene. Houghton Mifflin Co., Boston. 505 pp. \$2.40.
- The Problem Child at Home.** Mary B. Sayles. The Commonwealth Fund, 578 Madison Avenue, New York City. 342 pp. \$1.50.
- Rural Sociology.** Augustus W. Hayes. Longmans, New York. 598 pp. \$1.50.
- Nutrition.** Walter H. Eddy. Williams & Wilkins Co., Baltimore. 237 pp. \$2.50.
- The Little Deaf Child.** John D. Wright. Wright Oral School, New York. 161 pp. \$1.00.
- School Posture and Seating.** H. E. Bennett. Ginn & Co., Boston. 323 pp. \$2.00.
- Health, Safety and Fire Prevention.** Katharine M. Digney. Educational Publishing Co., Boston. 127 pp.
- Care of the Mouth and Teeth.** Harvey T. Burkhart. National Health Series. Funk & Wagnalls Co., New York. 35 cents postpaid.
- What Everyone Should Know About Eyes.** F. Park Lewis. National Health Series. Funk & Wagnalls Co., New York. 35 cents postpaid.

HEALTH INSTRUCTION: TEXTS AND READERS

Many of the best health stories have not been written as such but are to be found for the seeking in books of History, Travel, Geography, Natural Science, Fiction, or in accounts of current events as in the story of Lindbergh's flight. If the human welfare note is touched upon, standards of health will be built surely if unconsciously into the lives of the children.

Around the World with Hob. Grace T. Hallock. Quaker Oats Company, Chicago, Ill. 44 pp.

Health Readers: Book III, The Road of Health to Grown-Up Town. Jessie I. Lummis and Williedell Schawe. World Book Company, Yonkers-on-Hudson, New York. 152 pp. \$.76. Health stories for Grade III as developed in the Denver health education demonstration.

Personal Hygiene. A. Gertrude Jacob. Christopher Publishing House, Boston. 294 pp. \$2.00. Practical Health Education Series for High Schools, Book I.

Topical Sources for Personal Hygiene Applied. Jesse F. Williams, M.D. W. B. Saunders Co., Philadelphia. 100 pp. \$1.00.

Teaching Health in Fargo. Maud A. Brown. Commonwealth Fund, New York. 142 pp. \$1.50.

Science and the Way to Health. J. Mace Andress and Maude A. Brown. Ginn & Co., Boston. \$1.00.

Teachers' Problems in Health Education. Book 1. Thomas D. Wood, M.D., and Marion O. Lerrigo, Ph.D. Public School Publishing Company, Bloomington, Ill. 127 pp. \$.75.

The Animal Way. Jean Broadhurst. For kindergarten, first and second grades. Cleanliness Institute. 30 pp. \$.25.

Training for Health. C. E. Turner and Jeanie M. Pinckney. D. C. Heath and Company. 151 pp. \$.72. Developed from classroom situations with fourth-grade children.

Film Strips on Louis Pasteur and Walter Reed. Metropolitan Life Insurance Company. Free.

REPORTS—REPRINTS—BOOKLETS

School Health Work, 1926-1928. J. F. Rogers. U. S. Department of Interior, Bureau of Education, Bulletin No. 8. Government Printing Office, Washington, D. C. \$.05.

Play Day—The Spirit of Sport. Ethel Perrin and Grace Turner. American Child Health Association in cooperation with Women's Division, National Amateur Athletic Federation. 77 pp. \$.35.

Health Education Tests. Raymond Franzen. American Child Health Association. 70 pp. School Health Research Monograph No. 1. Cloth, \$.85; Paper, \$.60.

Parent-Teacher Associations and School Health. American Child Health Association, 370 Seventh Avenue, New York City. 64 pp. \$.35. Series of discussions on ways in which the elementary school may protect and promote the health of its pupils, and the home cooperate with it. Suitable for program material.

Classroom Situations as Teaching Opportunities for Health Instruction. Fleta McWhorter. American Child Health Association. 12 pp. \$.08. Practical suggestions for correlating health with the child's natural experiences in the classroom.

The Essentials of Healthy Living. J. Mace Andress and I. H. Goldberger. Jennings Publishing Company, Newtonville, Mass. 31 pp. \$.20. Valuable outline for use in health education in high schools.

How the Teacher Can Help in the Correction of Physical Defects. American Child Health Association. George B. Collins. \$.08.

Physical Defects. LeRoy A. Wilkes, M.D. Reprinted from the *American Journal of Public Health*. American Child Health Association. \$.05.

Safety Education in the Rural School. National Safety Council, 108 East Ohio Street, Chicago, Ill. 38 pp. \$.25.

Child Management. D. A. Thom, M.D. U. S. Children's Bureau Publication No. 143, Washington, D. C. Revised 1928. 47 pp. Single copies free.

Proceedings of the First Annual Meeting, American Association of School Physicians. Secretary, State Education Bldg., Albany, N. Y. \$1.25.

Schoolroom Hazards to the Mental Health of Children. Garry C. Myers. National Committee for Mental Hygiene, 370 Seventh Avenue, New York City. 7 pp. \$.15.

Treatment of the Child Through the the School Environment. Elizabeth H. Dexter. National Committee for Mental Hygiene. 8 pp. \$.15.

The Relation of the School to the Mental Health of the Average Child. Jessie H. Taft. National Committee for Mental Hygiene. 15 pp. \$.15.

Laziness in School Children. Ira S. Wile, M.D. National Committee for Mental Hygiene. Third printing. 15 pp. \$.15.

Mental Hygiene and the Schools. Packet C. National Committee for Mental Hygiene. Single pamphlets in packet, \$.15; entire packet, \$1.00. Collection of 14 pamphlets.

Child Questions and Their Answers. American Social Hygiene Association. \$.10.

- Protection of Adolescence.** Valeria Parker, M.D. American Social Hygiene Association. \$.10.
- School Health Study of Newton, Massachusetts.** Monograph No. 5, School Health Bureau, Welfare Division, Metropolitan Life Insurance Company, 1 Madison Avenue, New York. 87 pp. Free.
- Sight-Saving Classes—Past, Present and Future.** Supervision of Classes—Frances Moscrip. Problems in Small Communities—A. V. Burdge. Problems in the State—I. E. Ridgeway. Pioneer Work in Sight Saving—H. L. Smith. What the Modern Sight Saving Class Offers the Child—G. L. Dunlop. National Society for the Prevention of Blindness Conference Proceedings. *Sight Saving Class Exchange*, December, 1928.
- Health Poster List with Titles, Publishers and Prices.** Compiled by the National Health Library for the National Health Council. 24 pp. Single copies free.
- Good Food Habits for Children.** C. Rowena Schmidt. U. S. Department of Agriculture, Bureau of Home Economics. Government Printing Office, Washington, D. C. 8 pp. \$.05.
- Human-Nature Studies for the Early Grades.** The American Social Hygiene Association, 370 Seventh Avenue, New York.
- Report of the Sayville Health Education Conference, June, 1929.** Discussion of school curriculum in all aspects related to health. Ready about January 1, 1930. American Child Health Association, 370 Seventh Avenue, New York.
- The Healthy School Child.** John Hancock Life Insurance Company. Free.
- Outline of Cleanliness Teaching.** Cleanliness Institute. 55 pp. Free.

NOTEWORTHY ARTICLES OF THE CURRENT YEAR

These references have been chosen from magazines usually available through local or state libraries. Readers are reminded of the loan service of the National Health Library, 370 Seventh Avenue, New York City, and of the *Library Index* issued weekly, \$2.50 per year.

- Wanted: Trained School Physicians and Nurses.** J. M. Andress, editor. *Hygeia*, February, 1929. 177-78.
- School Nursing as a Career.** Elma Rood. *Journal of the National Education Association*, May, 1929.
- What Do School Nurses Do?** H. L. Long. *PUBLIC HEALTH NURSE*, January, 1929. 13-14. A report of observations in the Lincoln, Nebraska, public schools.
- Outline of Course for School Nurses.** Prepared jointly by Beatrice Short and Anna L. Stanley. *PUBLIC HEALTH NURSE*, December, 1928. 648-649.
- How to Use Civic Clubs Effectively in Promoting Health Programs.** E. L. Bishop, M.D. *American Journal of Public Health and the Nation's Health*, April, 1929. 382-86.
- Supervision of Health Work in Rural Schools.** James F. Rogers, M.D. *Trained Nurse and Hospital Review*, March, 1929. 352-56.
- Health Essentials in the Primary Grades.** James F. Rogers, M.D. *Normal Instructor and Primary Plans*, May, 1929. 79-80.
- A Public School Nursery School.** M. E. Murphy and Edna Mohr. *Child Health Bulletin*, March, 1929. 38-44.
- The Nurse's Place in the Field of Child Study.** Winifred Rand. *PUBLIC HEALTH NURSE*, June, 1929. 292-94.
- A High School Demonstration Clinic.** M. M. Platner. *Mental Hygiene*, April, 1929. 278-88. Experimental mental health unit at the Lake View High School, Chicago.
- The Nurse and Health Education.** L. Chaptal. *World's Health*, October, 1928. 369-72. The nurse's part in individual health instruction in the home and collective instruction in schools and institutions.
- The Teacher's Own Health Card.** Massachusetts Teachers Federation, Committee on Hygiene and Physical Education. *Journal of the National Education Association*, April, 1929. 122. Score card planned to enable teachers to score themselves regularly upon their health status and health habits.
- Tuberculosis Among School Children in Philadelphia.** E. L. Opie, M.D. *PUBLIC HEALTH NURSE*, November, 1928. 582-83.
- Heart Disease and School Life.** J. H. Bainton, M.D. *American Journal of Public Health and the Nation's Health*, October, 1928. 1252-58.
- Prevention of Heart Disease in Childhood.** H. A. Bachmann, M.D. *PUBLIC HEALTH NURSE*, June, 1929. 306-9.
- The Wrong Way to Fight Epidemics.** (By closing the schools.) W. W. Bauer. *Hygeia*, September, 1928. 479-80.
- Recognition of Fatigue in the School Child.** Max Seham, M.D. *Elementary School Journal*, October, 1928. 106-13. How the teacher may recognize and eliminate a great deal of chronic fatigue in her classroom and also avoid becoming a tired teacher.
- School Strain and the Underweight Child.** G. W. Kutscher, Jr., M.D. *Archives of Pediatrics*, September, 1928. 531-37.

How Much Sleep Do Children Need?

D. A. Laird. *Children, the Magazine for Parents*, November, 1928. 57-58.

The Mineral Requirements of the Body.

Martha Koehne. *PUBLIC HEALTH NURSE*, March, 1929. 125-30.

Posture, Health and Efficiency.

F. B. Talbot, M.D. *PUBLIC HEALTH NURSE*, January, 1929. 8-12.

Competitive Athletics for the Adolescent Girl.

Ethel Perrin. *PUBLIC HEALTH NURSE*, May, 1929. 245-47.

Common Skin Diseases.

C. W. Finnerud, M.D. *Elementary School Journal*, February and March, 1929.

Don't Keep Them in the Dark.

B. F. Royer, M.D. *Hygeia*, September, 1928. 497-99. How to avoid eye complications in children with measles.

Look Out for Your Children's Eyes.

Eleanor P. Brown. National Society for the Prevention of Blindness *News Letter*, April, 1929. 3-6.

The Average Child Who Stutters Is Very Sensitive.

Smiley Blanton, M.D. *Babyhood*, May, 1929. 143, 147, 154.

Bringing Medical Help to High School Pupils.

Ethel Wakeman. *Hygeia*, March, 1929. 275-78. The work of the speech training service.

A Mental Hygiene Program in Grade Schools.

Elizabeth Allen. *Mental Hygiene*, April, 1929. 289-97.

The Problem of the Unadjusted Child.

H. C. Schumacher, M.D. *PUBLIC HEALTH NURSE*, June, 1929. 299-302.

Progress in Mental Hygiene (editorial).

G. K. Pratt, M.D. *PUBLIC HEALTH NURSE*, October, 1928. 499-500. The nurse's part in the mental hygiene program.

The Lighting System in the Public Schools.

H. B. Cook. *PUBLIC HEALTH NURSE*, March, 1929. 119-21.

Symposium on Schoolroom Ventilation.

American Journal of Public Health and Nation's Health, January, 1929. 55-71.

The Sunshine School.

P. S. Potter. *Hygeia*, October, 1928. 568-70.

Open Air School Rooms.

Robina Knee-bone. *PUBLIC HEALTH NURSE*, September, 1928. 476.

Open Air School Rooms.

Harriet Haw. *PUBLIC HEALTH NURSE*, March, 1929. 139-40.

An Orthopedic School.

Meda Bacon. *Journal of the National Education Association*, December, 1928. 281-82.

A Program for Education of Crippled Children.

M. M. Lison. *Hospital Social Service*, August, 1928. 141-45. Wisconsin's program.

Useful Service of County School for Crippled Children.

P. W. Brown. *School Life*, April, 1929. 154-55.

How to Organize and Operate Health Clubs.

Hygeia, May, 1929. 516. See also *Hygeia*, November, 1928. Suggestions for organization and operation of health clubs in the fourth, fifth and sixth grades.

The New Health Education.

J. M. Andress, editor. *Hygeia*, March, 1929.

An Adequate School Health Program for a Small City or Town.

Marie Swanson. *Hospital Social Service*, December, 1928. 454-58. The public health nurse's place in this program.

Learning Health at School Through Everyday Experiences.

Fleta McWhorter. *Child Welfare Magazine*, January, 1929. 261-64.

Teaching Child Care in the Junior High School.

E. A. Willcox. *Home Economist*, August, 1928. 217, 232.

Child Care in a Continuation School.

Julia Louisa Ford. *Journal of Home Economics*, March, 1929. 185-87. An interesting project in which babies and pre-school children are brought into school to be cared for and observed by the students.

A School Demonstration in Animal Nutrition.

Eleanor Whittinghill. *Hygeia*, April, 1929. 399-401.

Teaching Health and Nutrition in School Cafeteria.

Edith Sauers. *The Nation's Schools*, June, 1929. 51.

Program in Health Instruction by Months for Grade I-VIII, Objectives for Pupils.

Commonwealth of Pennsylvania, Department of Public Instruction. *Hygeia*, September, 1928. 521. A chart issued for the guidance of one-teacher schools in Pennsylvania, used as an example of a general plan of instruction.

The Nurse and Teacher in a Public Health Dental Program.

W. R. Davis. *Public Health* (Michigan Department of Health), September, 1928. 203-7.

Dental Hygiene as Taught in the Schools of Waterloo, Iowa.

Clella McCullough. *Journal of the American Dental Association*, November, 1928. 2180-84.

Health Work in St. Louis Parish Schools.

Harvey Smith. *America*, October 27, 1928. 65-66. A record of the first year's work of the Catholic school health bureau of St. Louis.

NEWS NOTES

Nurses from many parts of the world have honored our office with a visit during the past month. We have learned much of value and interest from them which from time to time we hope to pass on to our readers.

The preliminary program of the 58th annual meeting of the American Public Health Association in Minneapolis, September 30–October 5, is printed in the *American Journal of Public Health* for July. Both the general and joint sessions are—as we have grown to expect—full of interesting subjects. The program of the Child Hygiene Section and The American Association of School Physicians, the Child Hygiene and Public Health Education Sections, the sessions of the Health Officers, Public Health Education, and the Industrial Hygiene Section have an intriguing variety of presentation and discussion.

The joint meeting of the Child Hygiene and Public Health Nursing Sections has the following program:

Community-Wide Child Hygiene Program. Mary Riggs Noble, M.D., Bureau of Child Health, State Department of Health, Harrisburg, Pa.

The Nurse's Message of Child Health to the Family. Helen C. Peck, Infant Welfare Society, Minneapolis, Minn.

How Can the Nurse Help the Health Officer to Get His Message Across?

From the Standpoint of the City—Henry F. Vaughan, D.P.H., Commissioner of Health, Detroit.

From the Standpoint of the County—H. S. Mustard, M.D., State Department of Health, Nashville, Tenn.

Elements in the Home Controlling Infant Welfare Activity. Amelia Grant, Director, Bureau of Nursing, Department of Health, New York, N. Y.

The Public Health Nursing Section program is as follows:

Where Should the Nursing Division Stand in State Departments of Health? A. T. McCormack, M.D., State Health Officer, Louisville, Ky.
Discussion.

Salary Schedules and Their Effect on Quality of Service. Grace Ross, Department of Health, Detroit.

Civil Service—Standardizing the Appointments of Qualified Public Health Nurses. Amelia Grant, Department of Health, New York, N. Y.

Public Health Nursing Legislation. What It Should Include. Mathilde S. Kuhlman, Division of Public Health Nursing, State Department of Health, Albany, N. Y.

What the Duties of a Communicable Disease Nursing Staff in the Health Department Should Be. Agnes J. Martin, Bureau of Nursing, Department of Health, Syracuse, N. Y.

First-Aid Cabinet of a School Nurse. Her Standing Orders for First-Aid and Her School Nursing Procedure. Charles C. Wilson, M.D., Department of Health Education, Public Schools, Evansville, Ind.

An Adequate Program of Supervision in Rural Communities—Equipment of the Staff, Nature of the Service, etc. Pearl McIver, Director, Public Health Nursing, State Board of Health, Jefferson City, Mo.

Difference in Need for Morbidity Care by a Public Health Nursing Staff in a Rural Community as Compared with an Urban Community? Elizabeth L. Smellie, Chief Superintendent, Victorian Order of Nurses for Canada.

How Far Can a Public Health Nurse Assume Responsibility for the Social Phase of Her Health Work Without Jeopardizing Her Primary Objective? Katherine Faville, R.N., Department of Nursing Education, Teachers College, Columbia University, New York.

What Preparation Should the Public Health Nurse Have for Rural Work? I. Malinde Havey, Assistant Director, Public Health Nursing Service, American Red Cross, Washington, D. C.

The annual meeting of the International Catholic Guild for Nurses in Montreal July 5–7 brought together a large number of Sisters from many orders and secular nurses.

Among the speakers were Miss Nina Gage, Mlle. Chaptal of France, Sister John Gabriel, who conducted a very lively question box, Mrs. Hickey of the United States Veterans' Bureau and Miss Laura Logan.

Miss O'Halloran, Bureau of Nursing, Pennsylvania State Health De-

partment, spoke on "Opportunities in Public Health Nursing." "University Relationships" was the subject of an admirable talk by the Rev. Alphonse Schwitalla, Dean of the School of Medicine, St. Louis University. The editor of *Modern Hospital*, John McNamara, spoke forcefully on "What the Community Owes the Nursing Profession," and called attention to the fact that the community so vitally interested, through the great group of public health nurses as well as those in hospital service, must realize its definite obligation towards education of these public servants.

Father Garesché, organizer of the Guild, urged membership as giving inspiration and spiritual help to members—and stated that the Guild desires close affiliation with professional organizations. Revisions of the constitution and by-laws were considered and the name changed to the International Catholic Federation of Nurses. Miss Agnes O'Halloran of Pennsylvania was elected President, succeeding Miss Lydia O'Shea.

The Northwestern division of the American Nurses' Association and the Montana State Nurses' Association convened in Great Falls, Montana, July 23-25. Nurses from the states of Idaho, Washington and Oregon were present, and the attendance was nearly two hundred.

The work of Dr. R. N. Parker, of the United States Public Health Service, and his co-workers in attempting to eradicate the Rocky Mountain spotted fever was the subject of an interesting talk. This experiment is being made at the Montana state laboratory. The Spencer-Park vaccine has markedly reduced the death rate from this disease. In the Bitter Root valley twenty-five hundred people have been vaccinated during the last five years.

The importance of pasteurizing milk was urged, as Great Falls has had two cases of undulant fever this year. An interesting talk was given by Dr. Hitchcock on the important part the glands play in human life and behavior. "We are what our glands are," said Dr. Hitchcock, who stressed the importance of knowledge of this subject for nurses, especially in their contact with children. Mention was made of the success in

using the sun baths at the Montana state tuberculosis sanatorium.

Dr. Maybelle True, director of the Child Welfare Division of the State Board of Health, Montana, spoke on the three mediums of child welfare needed for effective work—pre- and post-natal supervision, infancy and school age, physical examinations—also adult health education. And as a conclusion "Preventive Measures Are the New Frontier."

La Verne Fitzgerald

MEETINGS

The following state meetings will be held in September and October: Minnesota, September 27-28; Wisconsin, October 1-3; Illinois and Indiana, 10-12; Rhode Island, 16; Iowa and Kansas, 16-19; Nebraska, 17-18; Pennsylvania, 21-26; Missouri, 21-27; New York, 22-24; New Jersey, 22-23; Oklahoma, 24-26; Mississippi, 25-26; Alabama, 27-31; Georgia and North Dakota, October 31 to November 2.

The annual meeting of the three New York State Nursing Organizations will be held in Buffalo, October 22-24. Katherine Tucker, Director, will conduct a meeting for public health nurses. A symposium on Social Hygiene has been arranged at which Sophie Nelson, Director Nursing Service, John Hancock Insurance Company, Charles Miner of the Committee of Fifteen, Chicago, and Dr. R. S. Dixon, Department of Health, Detroit, will speak.

The annual meeting of the American Dietetic Association will be held October 7-10, at the Hotel Statler, Detroit, Michigan.

The National Safety Council annual meeting will be held in Chicago September 30 to October 4. For subjects of special interest to nurses at the meeting see page 435 of the August number of THE PUBLIC HEALTH NURSE.

The twenty-second annual meeting of the National Colored Graduate Nurses' Association is being held in New York as we go to press. We hope to report on some of the interesting sessions in our October number.